

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE**

In re:

CONNECTIONS COMMUNITY SUPPORT  
PROGRAMS, INC.,

Debtor.<sup>1</sup>

Chapter 11

Case No. 21-10723 (MFW)

**SCHEDULES OF ASSETS AND LIABILITIES  
OF DEBTOR CONNECTIONS COMMUNITY SUPPORT PROGRAMS, INC.  
(CASE NO. 21-10723)**

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<sup>1</sup> The Debtor in this chapter 11 case, along with the last four digits of its tax identification number, is as follows: Connections Community Support Programs, Inc. (3030). The address of the Debtor's corporate headquarters is 3812 Lancaster Pike, Wilmington, Delaware 19805.

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PROGRAMS, INC.,

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**GLOBAL NOTES, METHODOLOGY AND SPECIFIC  
DISCLOSURES REGARDING THE DEBTOR'S  
SCHEDULES OF ASSETS AND LIABILITIES AND  
STATEMENT OF FINANCIAL AFFAIRS**

**INTRODUCTION**

Connections Community Support Programs, Inc., the debtor and debtor in possession (the “**Debtor**” or the “**Company**”) with the assistance of its advisors, has filed its Schedules of Assets and Liabilities (the “**Schedules**”) and Statement of Financial Affairs (the “**Statement**” and together with the Schedules, the “**Schedules and Statement**”) with the United States Bankruptcy Court for the District of Delaware (the “**Bankruptcy Court**”), pursuant to section 521 of title 11 of the United States Code (the “**Bankruptcy Code**”) and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the “**Bankruptcy Rules**”).

These Global Notes, Methodology and Specific Disclosures Regarding the Debtor's Schedules of Assets and Liabilities and Statement of Financial Affairs (the “**Global Notes**”) pertain to, are incorporated by reference in, and comprise an integral part of the Debtor's Schedules and Statement. The Global Notes should be referred to, considered and reviewed in connection with any review of the Schedules and Statement.

The Schedules and Statement do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles in the United States (“**GAAP**”), nor are they intended to be fully reconciled with the financial statements of the Debtor (whether publicly filed or otherwise). Additionally, the Schedules and Statement contain unaudited information that is subject to further review and potential adjustment and reflect the Debtor's reasonable best efforts and to the best of the Debtor's knowledge to report the assets and liabilities and the other information included herein of the Debtor at the time of this filing.

In preparing the Schedules and Statement, the Debtor relied upon information derived from its books and records that was available at the time of such preparation. Although the Debtor has made reasonable efforts to ensure the accuracy and completeness of such financial information,

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inadvertent errors or omissions, as well as the discovery of conflicting, revised or subsequent information, may cause a material change to the Schedules and Statement. Accordingly, the Debtor reserves all rights to amend, update, supplement or otherwise modify the Schedules and Statement as is necessary and appropriate. Notwithstanding the foregoing, the Debtor shall not be required to update the Schedules and Statement.

The Debtor, its officers, employees, agents, attorneys and financial advisors do not guarantee or warrant the accuracy or completeness of the data that is provided herein and shall not be liable in any way or in any capacity for any loss or injury arising out of or caused in whole or in part by the acts, omissions, whether negligent or otherwise, in procuring, compiling, collecting, interpreting, reporting, communicating or delivering the information contained herein. Except as expressly required by the Bankruptcy Code, the Debtor and its officers, employees, agents, attorneys and financial advisors expressly do not undertake any obligation to update, modify revise or re-categorize the information provided herein or to notify any third party should the information be updated, modified, revised or re-categorized. The Debtor, on behalf of itself, its officers, employees, agents and advisors, disclaims any liability to any third-party arising out of or related to the information contained in the Schedules and Statement and reserve all rights with respect thereto.

The Schedules and Statement have been signed by an authorized representative of the Debtor. In reviewing and signing the Schedules and Statement, this representative relied upon the efforts, statements and representations of the Debtor's other personnel and professionals. The representative has not (and could not have) personally verified the accuracy of each such statement and representation, including, for example, statements and representations concerning amounts owed to creditors and its addresses. As noted, there may differences from what has been reported herein and those differences maybe material.

### **GLOBAL NOTES AND OVERVIEW OF METHODOLOGY**

1. ***Reservation of Rights.*** Reasonable best efforts have been made to prepare and file complete and accurate Schedules and Statement especially in light of the compressed timeframe and limited resources; however, inadvertent errors or omissions may exist. The Debtor reserves all rights to amend or supplement the Schedules and Statement from time to time, in all respects, as may be necessary or appropriate, including, without limitation, the right to amend the Schedules and Statement with respect to any and all information including but not limited to claim ("Claim") description or designation; dispute or otherwise assert offsets or defenses to any Claim reflected in the Schedules and Statement as to amount, liability, priority, status or classification; subsequently designate any Claim as "disputed," "contingent" or "unliquidated;" or object to the extent, validity, enforceability, priority or avoidability of any Claim. Any failure to designate a Claim in the Schedules and Statement as "disputed," "contingent" or "unliquidated" does not constitute an admission by the Debtors that such Claim or amount is not "disputed," "contingent" or "unliquidated." Listing a Claim does not constitute an admission of liability by the Debtor. Nor does not listing information, suggest that a potential liability is excluded. Furthermore, nothing contained in the Schedules and Statement shall constitute a waiver of rights with respect to the Debtors' chapter 11 cases, including, without limitation, issues involving Claims, defenses, equitable subordination, recharacterization and/or causes of action arising under the provisions of chapter 5 of the Bankruptcy Code and any other relevant non-bankruptcy laws to recover assets or

avoid transfers. Any specific reservation of rights contained elsewhere in the Global Notes does not limit in any respect the general reservation of rights contained in this paragraph. Notwithstanding the foregoing, the Debtor shall not be required to update the Schedules and Statement.

The listing in the Schedules or Statement (including, without limitation, Schedule A/B, and Schedule E/F) by the Debtor of any obligation between a Debtor and a non-Debtor is a statement of what appears in the Debtors' books and records and does not reflect any admission or conclusion of the Debtor regarding whether such amount would be allowed as a Claim or how such obligations may be classified and/or characterized in a plan of reorganization or by the Bankruptcy Court. The Debtor reserves all rights with respect to such obligations.

2. ***Description of Case and “as of” Information Date.*** On April 19, 2021 (the “Petition Date”), the Debtor filed a voluntary petition for relief under chapter 11 of the Bankruptcy Code. The Debtor continues to operate its business and manage its properties as debtor-in-possession pursuant to sections 1107(a) and 1108 of the Bankruptcy Code.

**The assets and liabilities data provided herein, except as otherwise noted, represent the Debtors’ information as of March 31, 2021.**

3. ***Net Book Value of Assets.*** It would be prohibitively expensive, unduly burdensome, and an inefficient use of estate assets for the Debtor to obtain current market valuations for all their assets. Accordingly, unless otherwise indicated, the Debtor’s Schedules and Statement reflect net book values as of March 31, 2021, as recorded in the Debtor’s books and records. Furthermore, as applicable, assets that have fully depreciated or were expensed for accounting purposes do not appear in the Schedules and Statement as they have no net book value. The Debtor reserves the right to amend or adjust the value of each asset or liability set forth herein. Also, the value is not to suggest that is a recoverable or realizable value.

4. ***Recharacterization.*** Notwithstanding the Debtor’s reasonable best efforts to properly characterize, classify, categorize or designate certain Claims, assets, executory contracts, unexpired leases and other items reported in the Schedules and Statement, the Debtor may, nevertheless, have improperly characterized, classified, categorized, designated or omitted certain items due to the complexity and size of the Debtor’s business. Accordingly, the Debtor reserves all rights to recharacterize, reclassify, recategorize, re-designate, add or delete items reported in the Schedules and Statement at a later time as is necessary or appropriate as additional information becomes available, including, without limitation, whether contracts or leases listed herein were deemed executory or unexpired as of the Petition Date and remain executory and unexpired postpetition.

5. ***Real Property and Personal Property-Leased.*** In the ordinary course of business, the Debtor may have leased real property and various articles of personal property, including equipment from certain third-party lessors. The Debtor has made reasonable efforts to list all such leases in the Schedules and Statement. However, nothing in the Schedules or Statement is or shall be construed as an admission or determination as to the legal status of any lease (including whether to assume and assign or reject such lease or whether it is a true lease or a financing arrangement) and the Debtor reserves all rights with respect to all such issues and reserves the right to provide

additional updates and modifications.

6. ***Excluded Assets and Liabilities.*** The Debtor has sought to allocate liabilities between the prepetition and post-petition periods based on the information and research conducted in connection with the preparation of the Schedules and Statement. As additional information becomes available and further research is conducted, the allocation of liabilities between the prepetition and post-petition periods may and likely will change. Accordingly, the Debtor reserves all rights to amend, supplement or otherwise modify the Schedules and Statement as is necessary or appropriate.

The liabilities listed on the Schedules do not reflect any analysis of Claims under section 503(b)(9) of the Bankruptcy Code. Accordingly, the Debtor reserves all rights to dispute or challenge the validity of any asserted Claims under section 503(b)(9) of the Bankruptcy Code or the characterization of the structure of any such transaction or any document or instrument related to any creditor's Claim.

The Debtor has excluded any and all potential rejection damage Claims of counterparties to executory contracts and unexpired leases that may be rejected, to the extent such damage Claims exist. In addition, certain immaterial assets and liabilities may have been excluded.

7. ***Insiders.*** Persons listed as "insiders" have been included for informational purposes only and by including them in the Schedules and Statement, shall not constitute an admission that those persons are insiders for purposes of section 101(31) of the Bankruptcy Code. Moreover, the Debtor does not take any position with respect to: (a) such person's influence (or potential influence) or impact upon and over the control of the Debtor or its related entities; (b) the management responsibilities or functions of such individual; (c) the decision-making or corporate authority of such individual; or (d) whether the Debtor or such individual could successfully argue that he or she is not an "insider" under applicable law, including the federal securities laws, or with respect to any theories of liability or for any other purpose.

8. ***Intellectual and Intangible Property Rights.*** Exclusion of or accidental omission of certain intellectual and intangible property shall not be construed as an admission that such intellectual and intangible property rights have been abandoned, terminated, assigned, expired by its terms, or otherwise transferred pursuant to a sale, acquisition, or other transaction. Conversely, inclusion of certain intellectual and intangible property shall not be construed to be an admission that such intellectual and intangible property rights have not been abandoned, terminated, assigned, expired by its terms, or otherwise transferred pursuant to a sale, acquisition, or other transaction.

9. ***Executory Contracts and Unexpired Leases.*** The Debtor reserves all rights with respect to the named parties of any and all executory contracts, including the right to amend Schedule G.

10. ***Materialman's/Mechanic's Liens.*** The assets listed in the Schedules and Statement are presented without consideration of any materialman's or mechanic's liens.

11. ***Classifications.*** Listing a Claim or contract on (a) Schedule D as "secured," (b) Schedule E/F as "priority," or "unsecured," or (c) on Schedule G as "executory" or "unexpired," does not constitute an admission by the Debtor of the legal rights of the Claimant or a waiver of

the Debtor's rights to recharacterize or reclassify such Claims or contracts or to setoff of such Claims.

12. ***Claims Description.*** Schedule D and Schedule E/F permit the Debtor to designate a Claim as "disputed," "contingent" and/or "unliquidated." Any failure to designate a Claim on the Debtor's Schedules and Statement as "disputed," "contingent" or "unliquidated" does not constitute an admission that such amount is not "disputed," "contingent" or "unliquidated," or that such Claim is not subject to objection. The Debtor reserves all rights to dispute, or assert offsets or defenses to, any Claim reflected on its respective Schedules and Statement on any grounds, including liability or classification. Additionally, the Debtor expressly reserves all rights to subsequently designate such Claims as "disputed," "contingent" or "unliquidated," as well as modify the claims classification category. Moreover, listing a Claim does not constitute an admission of liability by the Debtor.

13. ***Causes of Action.*** Despite its reasonable best efforts to identify all known assets, the Debtor may not have listed all causes of action or potential causes of action against third parties as assets in the Schedules and Statement, including, without limitation, causes of actions arising under the provisions of chapter 5 of the Bankruptcy Code and any other relevant non-bankruptcy laws to recover assets or avoid transfers. The Debtor reserves all rights with respect to any cause of action (including avoidance actions), controversy, right of setoff, cross-Claim, counter-Claim or recoupment and any Claim on contracts or for breaches of duties imposed by law or in equity, demand, right, action, lien, indemnity, guaranty, suit, obligation, liability, damage, judgment, account, defense, power, privilege, license and franchise of any kind or character whatsoever, known, unknown, fixed or contingent, matured or unmatured, suspected or unsuspected, liquidated or unliquidated, disputed or undisputed, secured or unsecured, assertable directly or derivatively, whether arising before, on, or after the Petition Date, in contract or in tort, in law, or in equity or pursuant to any other theory of law (collectively, "**Causes of Action**") it may have, and neither these Global Notes nor the Schedules and Statement shall be deemed a waiver of any Claims or Causes of Action or in any way prejudice or impair the assertion of such Claims or Causes of Action.

14. ***Summary of Significant Reporting Policies.*** The following is a summary of significant reporting policies:

- (a) **Undetermined Amounts.** The description of an amount as "unknown," "to be determined" ("TBD"), or "undetermined" is not intended to reflect upon the materiality of such amount.
- (b) **Totals.** All totals that are included in the Schedules and Statement represent estimated totals of known amounts. To the extent there are unknown or undetermined amounts, the actual total may be different than the listed total and those differences may be material
- (c) **Liens.** Property and equipment listed in the Schedules and Statement are presented without consideration of any liens that may attach (or have attached) to such property and equipment.

15. ***Estimates and Assumptions.*** Because of the timing of the filings, management was required to make certain estimates and assumptions that affected the reported amounts of these assets and liabilities. Actual results could differ from those estimates, perhaps materially. The Debtor reserves all rights to amend the reported amounts of assets and liabilities to reflect changes in those estimates or assumptions.

16. ***Currency.*** Unless otherwise indicated, all amounts are reflected in U.S. dollars.

17. ***Intercompany.*** The net balance of intercompany transactions between the Debtor and any Non-Debtor-affiliates, if any, is set forth on Schedule A/B or Schedule E/F, as applicable, and receivables are classified as current assets. Intercompany transfers with or among Non-Debtor affiliates are not captured on Statement 2 or 3. The listing in the Schedules or Statement (including, without limitation, Schedule A/B or Schedule E/F) by the Debtor of any obligation and guarantees between the Debtor and a non-Debtor affiliate is a statement of what appears in the Debtor's books and records and does not reflect any admission or conclusion of the Debtor regarding whether such amount would be allowed as a Claim or how such obligations may be classified and/or characterized in a plan of reorganization or by the Bankruptcy Court. It further does not represent or vouch to the collectability of the intercompany balance. The Debtor reserve all rights with respect to such obligations.

18. ***Setoffs.*** The Debtor incurs certain offsets and other similar rights during the ordinary course of business. Offsets in the ordinary course can result from various items, including, without limitation, intercompany transactions, pricing discrepancies, refunds, warranties, debit memos, credits and other disputes between the Debtor and its service providers and/or customers. These offsets and other similar rights are consistent with the ordinary course of business in the Debtor's industry and are generally not tracked separately. Therefore, although such offsets and other similar rights may have been accounted for when certain amounts were included in the Schedules, offsets generally are not independently accounted for, and as such, are or may be excluded from the Debtor's Schedules and Statement. Offsets in conjunction with the filing may occur outside the ordinary course of the Debtor's business.

19. ***Confidentiality.*** There may be instances in the Schedules and Statement where the Debtor deemed it necessary and appropriate to withhold certain information from the public record information, examples such as but not limited to, among other things, names, addresses, social security numbers, contact information, HIPPA requirements or amounts. Typically, the Debtor has withheld information because of: (i) an agreement between the Debtor and a third party (e.g., an executory contract that contains a confidentiality provision) or (ii) concerns regarding the confidentiality of such information.

20. ***Addresses of Current and Former Employees.*** To protect the privacy of the Debtor's current and former employees, the Debtor, to the best of its knowledge, has not disclosed such persons' addresses. The Debtor and Omni Agent Solutions, the Debtor's claims and noticing agent, maintain a record of all addresses on file. The Debtor has served and will continue to serve all necessary notices, including notice of the claims bar date, to the actual address of each current and former employee.

21. ***Global Notes Control.*** In the event that the Schedules and Statement differ from the foregoing Global Notes, the Global Notes shall control.

**SPECIFIC DISCLOSURES WITH RESPECT TO THE DEBTORS' SCHEDULES**

**SCHEDULE A/B.** All values set forth in Schedule A/B reflect the book value of the Debtors' assets as of the Petition Date unless otherwise noted below.

**SCHEDULE A/B3.** Cash values held in financial accounts are listed on Schedule A/B3 as of March 31, 2021.

**SCHEDULE A/B11.** Accounts receivable are presented net of allowance for doubtful accounts, and reflect borrowing base reserves, but may not be reserved for all doubtful accounts and the balances do not necessarily reflect the collectability in the context of a bankruptcy filing.

**SCHEDULE A/B 60-64.** Intellectual property is listed in Schedule A/B 60-64 as an undetermined amount on account of the fact that the fair market value of such ownership is dependent on numerous variables and factors and may differ significantly from its net book value. Nothing herein or in the Schedules and Statement shall be construed as an admission or acknowledgment by the Debtor that any particular intellectual property is not transferable either pursuant to its terms or pursuant to provisions of the Bankruptcy Code or has no market value, and the Debtor reserves all rights with respect to any such issues.

**SCHEDULE A/B 74/75.** The Debtor's failure to list any contingent and/or unliquidated claim held by the Debtor in response to this question shall not constitute a waiver, release, relinquishment, or forfeiture of such claim. In the ordinary course of its business, the Debtor may have accrued, or may subsequently accrue, certain rights to counter-Claims, setoffs, refunds or potential warranty Claims against its suppliers. Additionally, the Debtor may be a party to pending litigation in which the Debtor has asserted, or may assert, Claims as a plaintiff or counter-Claims as a defendant. Because such Claims are unknown to the Debtor and not quantifiable as of the Petition Date, they are not listed on Schedule A/B 74/75.

**SCHEDULE D.** The Claims listed on Schedule D arose or were incurred on various dates; a determination of the date upon which each Claim arose or was incurred would be unduly burdensome and cost prohibitive. Accordingly, not all such dates are included for each Claim. All Claims listed on Schedule D, however, appear to have arisen or been incurred before the Petition Date.

Except as otherwise agreed, the Debtor reserve all rights to dispute or challenge the validity, perfection, or immunity from avoidance of any lien purported to be granted or perfected in any specific asset of a secured creditor listed on Schedule D. Moreover, although the Debtor has scheduled Claims of various creditors as secured Claims, the Debtor reserves all rights to dispute or challenge the secured nature of any such creditor's Claim or the characterization of the structure of any such transaction or any document or instrument related to such creditor's Claim. The descriptions provided on Schedule D are solely intended to be a summary—and not an admission—of liability.

Reference to the applicable loan agreements and related documents is necessary for a complete description of the collateral and the nature, extent, and priority of liens. Nothing in the Global Notes or the Schedules and Statement shall be deemed a modification or interpretation of the terms of such agreements. Except as specifically stated on Schedule D, real property lessors, utility companies and other parties that may hold security deposits have not been listed on Schedule D. The Debtor reserves all rights to amend Schedule D to the extent that the Debtor determines that any Claims or those claims that may be associated with such agreements should be reported on Schedule D. Nothing herein shall be construed as an admission by the Debtor of the legal rights of the Claimant or a waiver of the right to recharacterize or reclassify such Claim or contract.

Moreover, the Debtor has not included on Schedule D parties that may believe its Claims are secured whether it be through setoff rights, inchoate statutory lien rights, or any other way.

The amounts outstanding under the Debtor's prepetition secured credit facility reflects the approximate amounts as of the Petition Date.

**SCHEDULE E/F Part 1.** The Debtor has received Bankruptcy Court authorization to pay certain liabilities that may be entitled to priority under the applicable provisions of the Bankruptcy Code.

The listing of any claim on Schedule E Part 1 does not constitute an admission by the Debtor that such claim is entitled to priority treatment under 11 U.S.C. § 507. The Debtor reserve its right to dispute the priority status of any claim on any basis.

**SCHEDULE E/F Part 2.** The Debtor has used reasonable best efforts to report all general unsecured Claims against it on Schedule E/F Part 2 based upon the Debtor's existing books and records as of the Petition Date.

The Claims listed on Schedule E/F Part 2 arose or were incurred on various dates. In certain instances, the date on which a Claim arose is an open issue of fact. Although reasonable efforts have been made to identify the date of incurrence of each Claim, determining the date upon which each Claim on Schedule E/F Part 2 was incurred or arose would be unduly burdensome and cost prohibitive and, therefore, the Debtors may not have listed a date for each Claim listed on Schedule E/F Part 2. As a general matter, the date of incurrence of each Claim was listed as the most recent invoice date, if available.

In addition, Schedule E/F Part 2 contains information regarding pending litigation involving the Debtor. The dollar amount of potential Claims associated with any such pending litigation is listed as “undetermined” and marked as contingent, unliquidated and disputed in the Schedules and Statement.

The Debtor expressly incorporates by reference into Schedule E/F Part 2 parties to pending litigation listed in Statement 7 as contingent, unliquidated and disputed claims, to the extent not already listed on Schedule E/F Part 2.

Schedule E/F Part 2 reflects the prepetition amounts owing to counterparties to executory contracts and unexpired leases. Such prepetition amounts, however, may be paid in connection with the assumption or assumption and assignment of an executory contract or unexpired lease. Additionally, Schedule E/F Part 2 does not include potential rejection damage Claims, if any, of the counterparties to executory contracts and unexpired leases that may be rejected.

**SCHEDULE G.** Although the Debtor’s existing books, records and information systems have been relied upon to identify and schedule executory contracts and diligent efforts have been made, to the best of the Debtor’s ability, to ensure the accuracy of Schedule G, inadvertent errors, omissions or over inclusions may have occurred. In certain cases when the Debtor believed that a contract existed but were unable to locate a copy thereof, available information regarding that presumed contract was listed in Schedule G. In other cases, due to the voluminous number of contracts, the Debtor may have been or was unable to verify the counterparty and made best efforts to include such contracts based on reasonable assumptions. Certain information, such as the contact information of the counterparty, may not be included where such information could not be obtained using the Debtor’s reasonable efforts. Listing a contract or agreement on Schedule G does not constitute an admission that such contract or agreement is an executory contract or unexpired lease or that such contract or agreement was in effect on the Petition Date or is valid or enforceable. The Debtor hereby reserves all rights to dispute the validity, status or enforceability of any contracts, agreements or leases set forth on Schedule G and to amend or supplement Schedule G as necessary. Certain of the leases and contracts listed on Schedule G may contain certain renewal options, guarantees of payment, indemnifications, options to purchase, rights of first refusal and other miscellaneous rights. Such rights, powers, duties and obligations are not set forth separately on Schedule G.

Certain confidentiality and non-disclosure agreements may not be listed on Schedule G. The Debtor reserves all rights with respect to such agreements.

Certain of the contracts and agreements listed on Schedule G may consist of several parts, including, purchase orders, amendments, restatements, waivers, letters and other documents that may not be listed on Schedule G or that may be listed as a single entry. The Debtor expressly reserves its rights to challenge whether such related materials constitute an executory contract, a single contract or agreement or multiple, severable or separate contracts.

The contracts, agreements and leases listed on Schedule G may have expired or may have been modified, amended or supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letters, memoranda and other documents, instruments, and agreements that may not be listed therein despite reasonable efforts to identify such documents.

Further, unless otherwise specified on Schedule G, each executory contract or unexpired lease listed thereon shall include all exhibits, schedules, riders, modifications, declarations, amendments, supplements, attachments, restatements or other agreements made directly or indirectly by any agreement, instrument or other document that in any manner affects such executory contract or unexpired lease, without respect to whether such exhibits, schedules, riders, modifications, declarations, amendments, supplements, attachments, restatements or other agreements made directly or indirectly by any agreement, instrument or other document are listed thereon.

The Debtor reserves all rights, Claims and causes of action with respect to the contracts on Schedule G, including the right to dispute or challenge the characterization of the structure of any transaction or any document or instrument related to a creditor's Claim.

Omission of a contract or agreement from Schedule G does not constitute an admission that such omitted contract or agreement is not an executory contract or unexpired lease. The Debtor's rights under the Bankruptcy Code with respect to any such omitted contracts or agreements are not impaired by the omission. Schedule G may be amended at any time to add any omitted contract, agreement or lease.

The listing of any contract on Schedule G does not constitute an admission by the Debtor as to the validity of any such contract or that such contract is an executory contract or unexpired lease. The Debtor reserves all rights to dispute the effectiveness of any such contract listed on Schedule G or to amend Schedule G at any time to remove any contract.

**SCHEDULE H.** The Debtor may not have identified certain guarantees associated with the contracts, unexpired leases, secured financing, debt instruments and other such agreements, and reserves all rights to amend the Schedules to the extent that additional guarantees are identified or such guarantees are discovered to have expired or be unenforceable.

In the ordinary course of its businesses, the Debtor may be involved in pending or threatened litigation. These matters may involve multiple plaintiffs and defendants, some or all of whom may assert cross-Claims and counter-Claims against other parties. Because all such Claims are contingent, disputed or unliquidated, such Claims have not been set forth individually on Schedule H. Litigation matters can be found on Schedule E/F and Statement 7, as applicable.

#### **SPECIFIC DISCLOSURES WITH RESPECT TO THE DEBTOR'S STATEMENT**

**STATEMENT 3.** Statement 3 includes any disbursement or other transfer made by the Debtor except for those made to employees. Payments by credit card have been listed in aggregate to the credit card issuer, rather than to the ultimate recipient. All disbursements listed on Statement 3 are made through the Debtor's cash management system.

**STATEMENT 4.** Debtor has included all payroll distributions and aggregate business expense reimbursements made over the twelve (12) months preceding the Petition Date to any individual that may be deemed an "Insider" (as defined in section 101(31) of the Bankruptcy Code) when the Debtors have either made or been charged for such payments. To the extent that former officers did not qualify as Insiders at the time of the transfer, such benefits and payments are not included

in the Schedules and Statement. To the extent that a current or former employee is an Insider, such employee received payment pursuant to the terms of his or her employment agreement and/or severance agreement with the Debtor, and such payments are listed in the aggregate for current and former employees in response to Statement 4. The listing of a party as an Insider in the Schedules and Statement, however, is not intended to be, nor shall be construed as a legal characterization or determination of such party as an actual insider and does not act as an admission of any fact, claim, right or defense, and all such rights, claims and defenses are hereby expressly reserved.

**STATEMENT 7.** Information provided in Statement 7 includes only those legal disputes and administrative proceedings that are formally recognized by an administrative, judicial or other adjudicative forum. Additionally, any information contained in Statement 7 shall not be a binding representation of the Debtor's liabilities with respect to any of the suits and proceedings identified therein.

**STATEMENT 26d.** From time to time, the Debtor may have provided financial statements in the ordinary course of business to certain parties for business, statutory, credit, financing and other reasons. Although reasonable efforts have been made to identify the recipient of such financial statements, determining the recipient of each financial statement would be unduly burdensome and cost prohibitive.

Debtor Name **Connections Community Support Programs, Inc.****United States Bankruptcy Court for the District of Delaware**Case number (if known): **21-10723**
 Check if this is an amended filing
**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets - Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*.....

Undetermined

**1b. Total personal property:**Copy line 91A from *Schedule A/B*.....

\$18,193,701.62

**1c. Total of all property:**Copyline 92 from *Schedule A/B*.....

\$18,193,701.62

**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....

\$28,069,707.87

**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from the line 5a of *Schedule E/F*.....

\$0.00

**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....

+ \$22,402,876.13

**4. Total liabilities** .....

Lines 2 + 3a + 3b

\$50,472,584.00

Debtor Name **Connections Community Support Programs, Inc.**

United States Bankruptcy Court for the District of Delaware

Case number (if known): **21-10723** Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property****12/15**

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be complete and accurate as possible. If more space is needed, attach a separate spreadsheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- No. Go to Part 2.  
 Yes. Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****2. Cash on hand****3. Checking, savings, money market, or financial brokerage accounts**

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1 WSFS Bank	Operating Account	0751	\$531,208.28
3.2 WSFS Bank	Disbursement Account	8684	Bank Balance as of April 19, 2021 \$800,266.22
3.3 WSFS Bank	Capital Campaign Account	1912	Bank Balance as of April 19, 2021 \$7,475.84
3.4 WSFS Bank	Security Deposit Account	9961	Bank Balance as of April 19, 2021 \$0.00
3.5 WSFS Bank	Payroll Account	5207	Bank Balance as of April 19, 2021 \$76,074.21
3.6 TD Bank	Trust Account - Clients Restricted Funds	3912	Bank Balance as of April 19, 2021 \$786,123.92
3.7 TD Bank	Trust Account - Clients Restricted Funds	8033	Bank Balance as of April 19, 2021 \$896,885.50

**4. Other cash equivalents**

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**5. Total of Part 1**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$3,098,033.97

**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- No. Go to Part 3.  
 Yes. Fill in the information below.

**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

Current value of  
debtor's interest

7.1	Lancaster Avenue Lease Deposit	PRE Holding II, LLC 1504 N Broom St, Ste 3 Wilmington, DE 19806	\$67,500.00
7.2	Carolls Plaza Lease Deposit	Caroll Properties P.O. Box 541 Montchanin, DE 19710	\$40,434.33
7.3	Elms Lease Deposit	Elms Holding Company LLC 1504 N Broom St, Ste 3 Wilmington, DE 19806	\$26,700.00
7.4	Naaman's Lease Deposit	Naamanscap, LLC 105 Foulk Rd Wilmington, DE 19803	\$98,847.14
7.5	Drummond Lease Deposit	Drummond Plaza Associates LLC c/o Fin & Consulting SVC Inc Wilmington, DE 19804	\$23,823.14

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1	See Exhibit AB-8	\$292,816.63
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**9. Total of Part 2**

Add lines 7 through 8. Copy the total to line 81.

\$550,121.24

**Part 3: Accounts Receivable**

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**10. Does the debtor have any accounts receivable?** No. Go to Part 4. Yes. Fill in the information below.**11. Accounts receivable**

			<b>Current value of debtor's interest</b>
11a. 90 days old or less:	\$11,102,135.92	- \$3,032,075.00 =	\$8,070,060.92
face amount		doubtful or uncollectible accounts	
11b. Over 90 days old:	\$11,573,692.83	- \$11,342,219.00 =	\$231,473.83
face amount		doubtful or uncollectible accounts	

**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

**\$8,301,534.75****Part 4: Investments****13. Does the debtor own any investments?** No. Go to Part 5. Yes. Fill in the information below.**14. Mutual funds of publicly traded stocks not included in Part 1**

Name of fund or stock:

Valuation method used for current value	Current value of debtor's interest
--	---------------------------------------

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses,  
including any interest in an LLC, partnership, or joint venture**

Name of entity: % of ownership:

15.1	Claymont Street Apartments, L.P.	.01%	N/A	N/A
15.2	Quaker Arts, LLC	.01%	N/A	N/A
15.3	Marcella's House Limited Partnership	.01%	N/A	N/A
15.4	Homeward Bound, Inc.	100.0%	N/A	N/A
15.5	Additions Coalition of Delaware, Inc.	100.0%	N/A	N/A
15.6	Affordable Housing Opportunities, Inc.	100.0%	N/A	N/A

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15.7	Connections Development Corporation	100.0%	N/A	N/A
15.8	Quaker Arts MM LLC	100.0%	N/A	N/A
15.9	Housing First, LLC	100.0%	N/A	N/A
15.10	Housing First II, LLC	100.0%	N/A	N/A

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

**17. Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

**Part 5: Inventory, excluding agricultural assets****18. Does the debtor own any inventory (excluding agricultural assets)?** No. Go to Part 6. Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
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**19. Raw Materials****20. Work in progress****21. Finished goods, including goods held for resale****22. Other inventory or supplies**

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**23. Total of Part 5**

Add lines 19 through 22. Copy the total to line 84.

**24. Is any of the property listed in Part 5 perishable?**

- No.  
 Yes.

**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- No.  
 Yes. Book Value \$ \_\_\_\_\_ Valuation Method \_\_\_\_\_ Current Value \$ \_\_\_\_\_

**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- No.  
 Yes.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)****27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- No. Go to Part 7.  
 Yes. Fill in the information below.

**General description****Net book value of  
debtor's interest****Valution method used  
for current value****Current value of  
debtor's interest****28. Crops - either planted or harvested****29. Farm animals**

Examples: Livestock, poultry, farm-raised fish

**30. Farm machinery and equipment**

(Other than titled motor vehicles)

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**31. Farm and fishing supplies, chemicals, and feed****32. Other farming and fishing-related property not already listed in Part 6****33. Total of Part 6**

Add lines 28 through 32. Copy the total to line 85.

**34. Is the debtor a member of an agricultural cooperative?**

- No.  
 Yes.

**Is any of the debtor's property stored at the cooperative?**

- No.  
 Yes.

**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

- No.  
 Yes. Book Value \$ \_\_\_\_\_ Valuation Method \_\_\_\_\_ Current Value \$ \_\_\_\_\_

**36. Is a depreciation schedule available for any of the property listed in Part 6?**

- No.  
 Yes.

**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?**

- No.  
 Yes.

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**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- No. Go to Part 8.  
 Yes. Fill in the information below.

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
<b>39. Office furniture</b>			
39.1 Furniture & Equipment, less Accumulated Depreciation	\$675,831.79	Net Book Value	\$675,831.79
<b>40. Office fixtures</b>			
<b>41. Office equipment, including all computer equipment and communication systems equipment and software</b>			
41.1 Computer Equipment, less Accumulated Depreciation	\$382,825.44	Net Book Value	\$382,825.44
41.2 Building Service Equipment, less Accumulated Depreciation	\$18,174.47	Net Book Value	\$18,174.47
41.3 Internet Fixed Assets, less Accumulated Depreciation	\$382,422.08	Net Book Value	\$382,422.08
<b>42. Collectibles</b>			
Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
<b>43. Total of Part 7.</b>			<b>\$1,459,253.78</b>
Add lines 39 through 42. Copy the total to line 86.			

**44. Is a depreciation schedule available for any of the property listed in Part 7?**

- No.  
 Yes.

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**45. Has any of the property listed in Part 7 been appraised by a professional within the last year?** No. Yes.**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?** No. Go to Part 9. Yes. Fill in the information below.

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
<b>47. Automobiles, vans, trucks, motorcycles, trailers, or titled farm vehicles</b>			
47.1 See Exhibit AB-47	N/A	N/A	Undetermined
<b>48. Watercraft, trailers, motors, and related accessories</b> Examples: Boats, trailers, motors, floating homes, personal watercraft, fishing vessels			
48.1 Mobile Home 2016 Ford - 999+D2 3ALACWDU8GDHG7417	\$160,451.87	Net Book Value	\$160,451.87
<b>49. Aircraft and accessories</b>			
<b>50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b>			
<b>51. Total of Part 8.</b> Add lines 47 through 50. Copy the total to line 87. <span style="float: right;">\$160,451.87</span>			
<b>52. Is a depreciation schedule available for any of the property listed in Part 8?</b>			

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 No. Yes.

## 53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

 No. Yes.**Part 9: Real property**

## 54. Does the debtor own or lease any real property?

 No. Go to Part 10. Yes. Fill in the information below.

## 55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property	Nature and extent of debtor's interest in property	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
55.1 See Exhibit AB 55				Undetermined

## 56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

## 57. Is a depreciation schedule available for any of the property listed in Part 9?

 No. Yes.

## 58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

 No. Yes.

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**Part 10: Intangibles and intellectual property****59. Does the debtor have any interests in intangibles or intellectual property?**

- No. Go to Part 11.  
 Yes. Fill in the information below.

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
<b>60. Patents, copyrights, trademarks, or trade secrets</b>			
<b>61. Internet domain names and websites</b>			
61.1 Website - www.connectionscsp.org	N/A	Book Value	Undetermined
<b>62. Licenses, franchises, and royalties</b>			
<b>63. Customer lists, mailing lists, or other compilations</b>			
63.1 Resident List protected by HIPAA	N/A	Net Book Value	\$0.00
63.2 Client List protected by HIPAA	N/A	Net Book Value	\$0.00
<b>64. Other intangibles, or intellectual property</b>			
<b>65. Goodwill</b>			
<b>66. Total of Part 10.</b>			
Add lines 60 through 65. Copy the total to line 89.			\$0.00

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**67. Do your lists or records include personally identifiable information of customers?** No. Yes.**68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?** No. Yes.**69. Has any of the property listed in Part 10 been appraised by a professional within the last year?** No. Yes.**Part 11: All other assets****70. Does the debtor own any other assets that have not yet been reported on this form?** No. Go to Part 12. Yes. Fill in the information below.Current value of  
debtor's interest**71. Notes receivable**

Description (include name of obligor)

71.1 Quaker Arts LLC (Contingent Note)	To Be Determined -	=	To Be Determined
Total face amount		Doubtful or uncollectible amount	

**72. Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

**73. Interests in insurance policies or annuities**

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**74. Causes of action against third parties (whether or not a lawsuit has been filed)**

United Healthcare Undetermined

**Nature of claim** In negotiation for settlement**Amount Requested****75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims****Nature of claim****Amount Requested****76. Trusts, equitable or future interests in property****77. Other property of any kind not already listed**

Examples: Season tickets, country club membership

77.1	Building & Land Improvements, less Accumulated Depreciation	\$2,159,140.05
77.2	Leasehold Improvements, less Accumulated Amortization	\$87,806.69
77.3	Construction in Progress	\$2,184,430.36
77.4	Debt Issue Costs, Net	\$192,928.91

**78. Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$4,624,306.01

**79. Has any of the property listed in Part 11 been appraised by a professional within the last year?** No. Yes.

Debtor Connections Community Support Programs, Inc.

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**Part 12: Summary**

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$3,098,033.97	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$550,121.24	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$8,301,534.75	
83. Investments. <i>Copy line 17, Part 4.</i>		
84. Inventory. <i>Copy line 23, Part 5.</i>		
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>		
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$1,459,253.78	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$160,451.87	
88. Real Property. <i>Copy line 56, Part 9.</i>	Undetermined	
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$4,624,306.01	
91. Total. Add lines 80 through 90 for each column.	91a. \$18,193,701.62 + 91b. \$0.00	
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.....		\$18,193,701.62

## SCHEDULES OF ASSETS AND LIABILITIES

### EXHIBIT FOR SCHEDULE AB

#### PART 2, QUESTION 8

PREPAYMENTS, INCLUDING PREPAYMENTS ON  
EXECUTORY CONTRACTS, LEASES, INSURANCE, TAXES,  
AND RENT

**Connections Community Support Programs, Inc****Case No. 21-10723****Schedule AB-8: Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

<b>Description</b>	<b>Name of holder of prepayment</b>	<b>Current value of debtor's interest</b>
Boiler & Machinery Insurance expense	Arthur Hall	\$6,400.00
Crime - Primary Coverage	Arthur Hall	\$2,859.00
Cyber Liability	Arthur Hall	\$5,731.69
Directors & Officers	Arthur Hall	\$23,414.00
Employer Lawyers Policy	Arthur Hall	\$918.75
Employment Practice Liab & Fiduciary Liab	Arthur Hall	\$3,593.00
Excess Crime	Arthur Hall	\$874.00
Excess Liability	Westfield	\$17,345.48
Flood Insurance - Brandywine	Selective Flood	\$364.19
General Liability Counsel & Vicarious Liability	Arthur Hall	\$74,947.00
Med/Professional Liability	Westfield	\$31,039.14
Med/Professional Liability - Dr Vic	Arthur Hall	\$2,343.25
Med/Professional Liability - Gerald Mahalick	Arthur Hall	\$1,799.96
Med/Professional Liability - Scott Houser	Arthur Hall	\$1,804.64
NCALL Loan 4-18-01 -2319	NCALL	\$12,692.47
NCALL Loan 4-19-01 -2320	NCALL	\$17,941.06
Property Ins	Arthur Hall	\$29,644.00
Umbrella Policy	Arthur Hall	\$59,105.00
<b>Total:</b>		<b>\$292,816.63</b>

**SCHEDULES OF ASSETS AND LIABILITIES**

**EXHIBIT FOR SCHEDULE AB**

**PART 8, QUESTION 47**

**AUTOMOBILES, VANS, TRUCKS, MOTORCYCLES,  
TRAILERS, OR TITLED FARM VEHICLES**

**Connections Community Support Programs, Inc****Case No. 21-10723****Schedule AB-47: Automobiles, vans, trucks, motorcycles, trailers, or titled farm vehicles**

<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>Identification Number (i.e. VIN, HIN or N- number)</b>	<b>Current Value of Debtor's interest</b>
2020	Ford	Escape	1FMCU9H93LUB73142	Unknown
2020	Ford	Escape	1FMCU9H91LUB37997	Unknown
2017	Ford	Escape	1FMCU9GD2HUD03702	Unknown
2019	Ford	Escape	1FMCU9HD2KUB44847	Unknown
2019	Ford	Escape	1FMCU9HD3KUA10543	Unknown
2019	Ford	Escape	1FMCU0GD3KUA29039	Unknown
2019	Ford	Escape	1FMCU9HDXKUA87376	Unknown
2018	Ford	Escape	1FMCU9HD8JUB94702	Unknown
2021	Chrysler	Voyager	2C4RC1CG3MR517270	Unknown
2020	Ford	Escape	1FMCU9H97LUA21235	Unknown
2019	Ford	Escape	1FMCU9HD8KUA87375	Unknown
2018	Ford	Escape	1FMCU9GD7JUA43870	Unknown
2017	Ford	T350 12	1FBZX2CM0HKA84497	Unknown
2020	Ford	Escape	1FMCU9H91LUB73138	Unknown
2020	Chrysler	Voyager	2C4RC1CG0LR281904	Unknown
2021	Chrysler	Voyager	2C4RC1CGXMR535023	Unknown
2020	Ford	Escape	1FMCU9H99LLUB73131	Unknown
2021	Chrysler	Voyager	2C4RC1CG2MR535016	Unknown
2019	Ford	Escape	1FMCU9GD8KUA49498	Unknown
2020	Chrysler	Voyager	2C4RC1CG3LR159263	Unknown
2020	Ford	Transit	1FTBR1Y85LKA75655	Unknown
2017	Ford	Escape	1FMCU9GDXHUC54345	Unknown
2017	Ford	T350 12	1FBZX2CG2HKA44397	Unknown
2020	Chrysler	Voyager	2C4RC1CG9LR146663	Unknown
2019	Ford	Edge	2FMPK4G92KBB78817	Unknown
2021	Chrysler	Voyager	2C4RC1CG1MR535024	Unknown
2021	Chrysler	Voyager	2C4RC1CG6MR535018	Unknown
2019	Ford	Transit	1FMZK1CM2KKA90941	Unknown
2020	Ford	Escape	1FMCU9H97LUB73144	Unknown
2019	Ford	Escape	1FMCU9HD4KUB74500	Unknown
2019	Ford	Escape	1FMCU9HD4KUA74204	Unknown
2019	Ford	T150	1FMZK1CM8KKA34521	Unknown
2018	Ford	Escape	1FMCU9HD9JUC87678	Unknown
2020	Ford	T250	1FTBR1Z82LKB68549	Unknown
2017	Ford	10 PASS	1FMZK1ZM6HKA40429	Unknown
2020	Chrysler	Voyager	2C4RC1CG6LR281910	Unknown
2017	Ford	Escape	1FMCU0GD3HUE40255	Unknown
2021	Chrysler	Voyager	2C4RC1CG6MR535021	Unknown
2020	Chrysler	Voyager	2C4RC1CG6LR281907	Unknown
2017	Ford	Escape	1FMCU9GD7HUD43743	Unknown
2017	Ford	T350 12-PASS	1FBZX2CM2HKA84498	Unknown
2021	Chrysler	Voyager	2C4RC1CG9MR535014	Unknown
2019	Ford	Escape	1FMCU9GD7KUA43997	Unknown
2019	Ford	Escape	1FMCU9HD6KUA58408	Unknown
2020	Ford	Escape	1FMCU9H91LUB73141	Unknown
2020	Chrysler	Voyager	2C4RC1CGXLR281912	Unknown

**Connections Community Support Programs, Inc****Case No. 21-10723****Schedule AB-47: Automobiles, vans, trucks, motorcycles, trailers, or titled farm vehicles**

<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>Identification Number (i.e. VIN, HIN or N- number)</b>	<b>Current Value of Debtor's interest</b>
2020	Chrysler	Voyager	2C4RC1CG8LR281911	Unknown
2017	Dodge	Caravan	2C4RDGBG5HR725576	Unknown
2019	Ford	Escape	1FMCU9HD4KUB44400	Unknown
2016	Ford	Transit T250	1FTYR1CM3GKB23657	Unknown
2020	Ford	T250	1FTBR1Y89LKA75657	Unknown
2016	Ford	T150	1FDZK1ZM3GKA12621	Unknown
2018	Ford	Escape	1FMCU9HD7JUC87680	Unknown
2018	Ford	Escape	1FMCU9HD8JUD33727	Unknown
2021	Chrysler	Voyager	2C4RC1CG5MR517271	Unknown
2021	Chrysler	Voyager	2C4RC1CG5MR535026	Unknown
2017	Ford	Escape	1FMCU9GD5HUD43742	Unknown
2020	Chrysler	Voyager	2C4RC1CG8LR281908	Unknown
2017	Ford	Escape	1FMCU9GD9HUE29071	Unknown
2017	Ford	T350 12 Pass	1FBZX2CM4HKA84499	Unknown
2017	Ford	Escape	1FMCU9GD8HUE55869	Unknown
2019	Ford	Escape	1FMCU9HD3KUB19620	Unknown
2020	Chrysler	Voyager	2C4RC1CG4LR281906	Unknown
2021	Chrysler	Voyager	2C4RC1CG4MR535020	Unknown
2020	Ford	Escape	1FMCU9G60LUB37996	Unknown
2017	Ford	Escape	1FMCU9GD2HUD43746	Unknown
2017	Ford	Escape	1FMCU9GD0HUD43745	Unknown
2017	Ford	Escape	1FMCU0GD5HUE40256	Unknown
2018	Ford	Escape SEL	1FMCU9HD3JUC16492	Unknown
2020	Ford	Escape	1FMCU9G68LUC67220	Unknown
2017	Ford	Escape	1FMCU0GD1HUE40254	Unknown
2021	Chrysler	Voyager	2C4RC1CG8MR535022	Unknown
2020	Chrysler	Voyager	2C4RC1CG1LR281913	Unknown
2020	Chrysler	Voyager	2C4RC1CGXLR281909	Unknown
2017	Ford	Escape	1FMCU9GD6HUD45256	Unknown
2021	Chrysler	Voyager	2C4RC1CG7MR517269	Unknown
2021	Chrysler	Voyager	2C4RC1CG0MR535015	Unknown
2020	Ford	Escape	1FMCU9H93LUB73139	Unknown
2021	Chrysler	Voyager	2C4RC1CG8MR535019	Unknown
2017	Ford	T350 12-Pass	1FBZX2CM7HKA84500	Unknown
2019	Ford	Escape	1FMCU9HD6KUA49644	Unknown
2020	Chrysler	Voyager	2C4RC1CG2LR281905	Unknown
2017	Ford	Escape	1FMCU9GD8HUD45257	Unknown
2017	Ford	Escape	1FMCU9GD1HUC54346	Unknown
2018	Ford	Escape SE	1FMCU9GDXJUB58415	Unknown
2019	Ford	Escape	1FMCU0HD0KUA86961	Unknown
2017	Ford	T250 Cargo	1FTYR1ZG9HKA13487	Unknown
2018	Ford	Escape	1FMCU9HD0JUC87679	Unknown
2018	Ford	Escape	1FMCU9HD0JUC87682	Unknown
2018	Ford	Escape	1FMCU0HD7JUB34843	Unknown
2017	Ford	Escape	1FMCU0F78HUC58840	Unknown
2017	Ford	Escape	1FMCU0F7XHUC83951	Unknown

**Connections Community Support Programs, Inc****Case No. 21-10723****Schedule AB-47: Automobiles, vans, trucks, motorcycles, trailers, or titled farm vehicles**

<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>Identification Number (i.e. VIN, HIN or N- number)</b>	<b>Current Value of Debtor's interest</b>
2021	Chrysler	Voyager	2C4RC1CG3MR535025	Unknown
2018	Ford	Escape	1FMCU9GD8JUB03221	Unknown
2018	Ford	Escape	1FMCU9GD0JUA43869	Unknown
2017	Ford	Escape	1FMCU9GD3HUD44016	Unknown
2018	Ford	T150	1FMZK1YMXJKA19025	Unknown
2018	Ford	Escape	1FMCU9GD7JUA43867	Unknown
2018	Ford	Escape	1FMCU9HD0JUB30413	Unknown
2018	Ford	Escape	1FMCU9GD1JUB03223	Unknown
2018	Ford	Escape	1FMCU9GDXJUB03222	Unknown
2017	Dodge	Caravan	2C4RDGBG7HR655580	Unknown
2021	Chrysler	Voyager	2C4RC1CG7MR535013	Unknown
2019	Ford	Escape	1FMCU9HD8KUA29041	Unknown
2018	Ford	Escape	1FMCU9HD4JUC87684	Unknown
2019	Ford	Escape	1FMCU9HD5KUB19621	Unknown
2018	Ford	Escape	1FMCU9HD2JUC87683	Unknown
2019	Ford	Escape	1FMCU9HD1KUB92792	Unknown
2019	Ford	T350 - 12	1FBZX2CM2KK1A3907	Unknown
2018	Ford	Transit 10	1FMZK1CMXJKA30727	Unknown
2020	Ford	Escape	1FMCU9H96LUA21565	Unknown
2020	Ford	Escape	1FMCU9H9XLUB73137	Unknown
2020	Ford	Escape	1FMCU9H92LUB73133	Unknown
2020	Ford	Escape	1FMCU9H95LUB73143	Unknown
2020	Ford	Escape	1FMCU9H98LUB73136	Unknown
2020	Ford	Escape	1FMCU9H9XLUB73140	Unknown
2019	Ford	Escape	1FMCU9GD4KUA87374	Unknown
2020	Ford	Escape	1FMCU9H96LUB73135	Unknown
2020	Ford	Escape	1FMCU9H94LUB73134	Unknown
2020	Ford	Escape	1FMCU9H67LUC29122	Unknown
2019	Dodge	Caravan	2C4RDGBG0KR684779	Unknown
2019	Ford	Escape	1FMCU9HD1KUB74499	Unknown
2020	Ford	Transit	1FMZK1C84LKB11535	Unknown
2016	Ford	T250-10	1FTYR2CM8GKB23661	Unknown
2020	Ford	Transit	1FMZK1Y82LKB35230	Unknown
2019	Ford	Escape	1FMCU9HD6KUC44689	Unknown
2021	Chrysler	Voyager	2C4RC1CG4MR535017	Unknown
2020	Ford	Escape	1FMCU9H90LUB73132	Unknown
2020	Ford	Transit	1FTBR1Y80LKA75658	Unknown
2017	Ford	Escape	1FMCU9GD0HUE12269	Unknown
2017	Ford	Escape	1FMCU9G98HUD72115	Unknown
2017	Ford	Escape	1FMCU9J93HUB85471	Unknown
2017	Ford	Escape	1FMCU9GD1HUA02239	Unknown
2017	Ford	T-350	1FBAX2CG0HKB45659	Unknown
2017	Ford	Escape	1FMCU0GD2HUE24791	Unknown
2017	Ford	Explorer	1FM5K8D80HGD34381	Unknown
2017	Ford	Transit	NM0GS9F75H1326607	Unknown
2017	Ford	Escape	1FMCU9GD0HUE20436	Unknown

**Connections Community Support Programs, Inc****Case No. 21-10723****Schedule AB-47: Automobiles, vans, trucks, motorcycles, trailers, or titled farm vehicles**

<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>Identification Number (i.e. VIN, HIN or N- number)</b>	<b>Current Value of Debtor's interest</b>
2017	Ford	Escape	1FMCU9GD1HUE40257	Unknown
2017	Ford	Escape	1FMCU9GDXHUD24085	Unknown
2017	Dodge	Caravan	2C4RDGBG7HR686215	Unknown
2017	Ford	Escape	1FMCU0GD3HUD71955	Unknown
2018	Dodge	Caravan	2C4RDGBG4JR156127	Unknown
2017	Ford	T250 MID Roof	1FTYR1CM1HKB06356	Unknown
2017	Dodge	Caravan	2C4RDGBG3HR725575	Unknown
2017	Ford	Escape	1FMCU0GD2HUC44405	Unknown
2017	Dodge	Caravan	2C4RDGBG1HR627161	Unknown
2017	Ford	Expedition	1FMJU2AT1HEA43530	Unknown
2018	Ford	Escape	1FMCU9GD9JUA43868	Unknown
2019	Dodge	Caravan	2C4RDGBG5KR730073	Unknown
2018	Ford	Escape	1FMCU9HD5JUA35779	Unknown
2019	Ford	Escape	1FMCU9HD0KUB93321	Unknown
2018	Ford	10 Pass	1FMZK1CM4JKA12837	Unknown
2020	Ford	T250	1FTBR1Z89LKB68550	Unknown
2017	Ford	T350	1FBZX2CM3HKA55009	Unknown
2018	Ford	Escape	1FMCU0HD3JUB19272	Unknown
2018	Ford	Escape	1FMCU9HD0JUA47712	Unknown
2019	Ford	Transit	1FMZK1CM6KKB77144	Unknown
2019	Ford	Transit	1FBZX2CM7KKB71546	Unknown
2019	Ford	Transit 150	1FMZK1CM4KKB85162	Unknown
2019	Ford	T150	1FMZK1CMXKKA34522	Unknown
2018	Ford	T150	1FMZK1ZM5JKA19030	Unknown
2018	Ford	T150	1FMZK1CM8JKA30726	Unknown
2019	Ford	T350-12	1FBZX2CM9KKB71547	Unknown
2020	Ford	Transit-10	1FMZK1C86LKB11536	Unknown
2017	Ford	T-150 Van	1FMZK1ZM6HKA40432	Unknown
2018	Ford	Escape	1FMCU0HD5JUA60256	Unknown
2018	Dodge	Caravan	2C4RDGBG2JR231312	Unknown
2018	Ford	Escape	1FMCU9HD9JUC87681	Unknown
2018	Ford	Escape	1FMCU9HD6JUC87685	Unknown
2018	Ford	T-350 15 Pass	1FBAX2CG4JKB27543	Unknown
2019	Ford	T-250 10 Pass	1FMZK1CM5KKA07115	Unknown
2019	Ford	T-250 10 Pass	1FMZK1CM2KKA07119	Unknown
2019	Ford	T-250 10 Pass	1FMZK1CM8KKA07125	Unknown
2018	Ford	Trans Con	NM0LS7E75J1348455	Unknown
2019	Ford	Escape	1FMCU9HD0KUA43998	Unknown
2019	Ford	T-250 10 Pass	1FMZK1CM6KKA07124	Unknown
2019	Ford	T-250 10 Pass	1FMZK1CM2KKA07122	Unknown
2018	Ford	Escape	1FMCU9HDXJUD33728	Unknown
2018	Ford	Escape	1FMCU9J91JUA39334	Unknown
2018	Ford	T250	1FTYR2YGXJKB22103	Unknown
2019	Ford	Escape	1FMCU9HD9KUA86963	Unknown
2019	Ford	Escape	1FMCU0GD8KUA37976	Unknown
2019	Ford	Escape	1FMCU0GD1KUA44090	Unknown

**Connections Community Support Programs, Inc****Case No. 21-10723****Schedule AB-47: Automobiles, vans, trucks, motorcycles, trailers, or titled farm vehicles**

<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>Identification Number (i.e. VIN, HIN or N- number)</b>	<b>Current Value of Debtor's interest</b>
2019	Ford	Escape	1FMCU9GDXKUA10542	Unknown
2019	Ford	Escape	1FMCU9HD7KUB74359	Unknown
2019	Ford	Transit 350 MR	1FBZX2CM4JKB21539	Unknown
2017	Ford	T250 LR	1FTYR1ZM9HKA70570	Unknown
2016	Ford	Transit	1FTYR1YM1HKA29593	Unknown
2019	Ford	T250	1FTYR2YM9KKB14789	Unknown
2019	Ford	E450	1FDXE4FS5KDC45383	Unknown
<b>TOTAL</b>				<b>Unknown</b>

## SCHEDULES OF ASSETS AND LIABILITIES

### EXHIBIT FOR SCHEDULE AB

#### PART 9, QUESTION 55

ANY BUILDING, OTHER IMPROVED REAL ESTATE, OR  
LAND WHICH THE DEBTOR OWNS OR IN WHICH THE  
DEBTOR HAS AN INTEREST

## Connections Community Support Programs, Inc.

Case No. 21-10723

## Schedule AB-55: Any Building, Other Improved Real Estate, Or Land Which The Debtor Owns Or In Which The Debtor Has An Interest

Description of property	Location of property	Nature and extent of debtor's interest in property	Net book value of debtor's interest (where available)	Valuation method used for current	Current value of debtor's interest
ACT	3102 Drummond Plaza Bldg 1, Newark, DE 19711	Rent	N/A	N/A	Undetermined
ACT	3102 Drummond Plaza Bldg 1 #1201, Newark, DE 19711	Rent	N/A	N/A	Undetermined
ACT	3102 Drummond Plaza Bldg 1 #1208, Newark, DE 19711	Rent	N/A	N/A	Undetermined
ACT	3102 Drummond Plaza Bldg 1 #1210, Newark, DE 19711	Rent	N/A	N/A	Undetermined
ACT	3103 Drummond Plaza Bldg 1, Newark, DE 19711	Rent	N/A	N/A	Undetermined
ACT	3103 Drummond Plaza Bldg 1 #1303, Newark, DE 19711	Rent	N/A	N/A	Undetermined
ACT	3103 Drummond Plaza Bldg 1 #1302, Newark, DE 19711	Rent	N/A	N/A	Undetermined
ACT, IDS, Outpatient, Administration	S DuPont Highway, Dover, DE 19903	Rent	N/A	N/A	Undetermined
ACT, IDS, Outpatient, Administration	S DuPont Highway, Dover, DE 19903	Rent	N/A	N/A	Undetermined
ACT1	Melrose Place Dr., Newark, DE 19711	Rent	N/A	N/A	Undetermined
Administration	3821 Lancaster Pike, Wilmington, DE 19801	Rent	N/A	N/A	Undetermined
Apts	600 E 9th St, Wilmington, DE 19801	Owned	N/A	N/A	Undetermined
Apts	822 N West Street (Quaker Arts), Wilmington, DE 19801	Owned	N/A	N/A	Undetermined
Apts	617 N West Street, Wilmington, DE 19801	Owned	N/A	N/A	Undetermined
Apts	1300 E 16th St (Claymont St Apts), Wilmington, DE 19802	Owned	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	42 Commerce St Apt D4, Harrington, DE 19952	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	603 Washington Ave, Ellendale, DE 19941	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	1602 W 14th St Apt B, Wilmington, DE 19806	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	804 West Street Apt 3, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	804 West Street Apt 4, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	804 West Street Apt 5, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	804 West Street Apt 7, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	804 West Street Apt 9, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	727 Maryland Avenue, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	802 N Adams St Apt 2C, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	2610 Philadelphia Pike Apt K-04, Claymont, DE 19703	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	2610 Philadelphia Pike Apt O-01, Claymont, DE 19703	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	2610 Philadelphia Pike Apt P-02, Claymont, DE 19703	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	3 Earlington Lane Apt A, Newark, DE 19713	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	4 Winchester Road Apt E, Newark, DE 19713	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	5 Winchester Road Apt A, Newark, DE 19713	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	6 Sussex Road Apt 15B, Newark, DE 19713	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	6 Sussex Road Apt 7B, Newark, DE 19713	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	10 Chatham Lane Apt D, Newark, DE 19713	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	21 Chatham Lane Apt A, Newark, DE 19713	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	23 Chatham Lane Apt B, Newark, DE 19713	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	25 Winchester Rd Apt C, Newark, DE 19713	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	202 Mederia Circle, Newark, DE 19702	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	219 Mederia Circle Apt 219, Newark, DE 19702	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	503 Mederia Circle, Newark, DE 19713	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	63 Lawson Ave Apt A, Claymont, DE 19703	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	51 Webbs Lane Apt E10, Dover, DE 19904	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	255 Webbs Lane Apt C22, Dover, DE 19904	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	15 E High St, Blades, DE 19973	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	36 Fairway Rd Apt 3A, Newark, DE 19711	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	54 Cheswold Blvd Apt 112, Newark, DE 19711	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	54 Cheswold Blvd Apt 110, Newark, DE 19711	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	54 Cheswold Blvd Apt 207, Newark, DE 19711	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	54 Cheswold Blvd Apt 301, Newark, DE 19711	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	101 West 23rd St Apt A, Wilmington, DE 19802	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	900 Coventry Lane (THE ELMS), Newark, DE 19713	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	927 Wildel Ave Unit A, New Castle, DE 19720	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	812 Washington St, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	103 Walnut St, Milton, DE 19968	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	30 S New St Apt 101, Dover, DE 19901	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	30 S New St Apt 104, Dover, DE 19901	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	203 W 25th St Apt A, Wilmington, DE 19802	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	220 E 14th St Apt 2, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	112 S Queen Apt 3, Dover, DE 19904	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	360 Greens Branch Lane, Smyrna, DE 19977	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	214 S Porter St, Seaford, DE 19973	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	410 Hickory Lane Apt B, Seaford, DE 19973	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	4306 Miller Rd Apt 110, Wilmington, DE 19802	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	605 N Broom Street Apt 2, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	202 Allen Way Apt 23, Milford, DE 19963	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	2 Congress Place, Dover, DE 19901	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	167 Mitscher Road, Dover, DE 19901	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	1604 Thornhill Dr, Newark, DE 19702	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	7 Capano Dr Apt A3, Newark, DE 19702	Leased	N/A	N/A	Undetermined

## Connections Community Support Programs, Inc.

Case No. 21-10723

## Schedule AB-55: Any Building, Other Improved Real Estate, Or Land Which The Debtor Owns Or In Which The Debtor Has An Interest

Description of property	Location of property	Nature and extent of debtor's interest in property	Net book value of debtor's interest (where available)	Valuation method used for current	Current value of debtor's interest
CCSP Leased Properties for Clients	320 Weiner Avenue, Harrington, DE 19952	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	718 W Glenwood Ave, Smyrna, DE 19977	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	105 Stoney Drive, Dover, DE 19904	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	318 Shipley Road Apt 304, Wilmington, DE 19809	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	413 Marsh Road, Wilmington, DE 19809	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	7 Mary Ella Drive Apt C, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	8 Mary Ella Drive Apt C, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	9 Mary Ella Drive Apt D, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	10 Mary Ella Drive Apt B, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	9 Par Haven Dr Apt C21, Dover, DE 19901	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	36 Courtside Dr Apt A34, Dover, DE 19904	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	46 Par Haven Dr Apt F12, Dover, DE 19901	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	1401 N Harrison St Apt 3, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	145 Haman Drive Apt 102, Dover, DE 19904	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	3300 Philadelphia Pike Apt 2S, Claymont, DE 19703	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	2605 Normandy Court (ELMS), Newark, DE 19713	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	34006 Mulberry Lane, Lewes, DE 19958	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	210 Melrose Place Dr, Newark, DE 19711	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	109.5 S Jackson St, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	24 S Bradford St Apt B, Dover, DE 19904	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	24 S Bradford St Apt C, Dover, DE 19904	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	34 S Bradford St Apt 2, Dover, DE 19904	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	97 Parhaven Dr Apt J-13, Dover, DE 19904	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	112 Pennsylvania Ave, Seaford, DE 19973	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	348 Savannah Rd Apt D, Lewes, DE 19958	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	348 Savannah Rd Apt E, Lewes, DE 19958	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	48 Cemetery Road Apt A5, Selbyville, DE 19975	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	8 Corbin Court Apt A, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	8 Corbin Court Apt B, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	20 Corbin Court Apt A, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	29 Marlin Dr, Newark, DE 19713	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	2116 Pasternak Place, Newark, DE 19702	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	214 Highland Blvd Apt C, New Castle, DE 19720	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	34 Continental Avenue, Newark, DE 19711	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	453 Barrister Place, Dover, DE 19901	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	105 Dewey St Apt 507, Laurel, DE 19956	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	1213 W 8th St Apt 3, Wilmington, DE 19806	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	112 Holmes St, Dover, DE 19901	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	26479 Bay Farm Road, Millsboro, DE 19966	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	26495 Bay Farm Road, Millsboro, DE 19966	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	22206 Careys Camp, Millsboro, DE 19966	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	2112 Pasternak Place, Newark, DE 19702	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	1908 Dumas Place, Newark, DE 19710	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	5 E Lockwood St, Middletown, DE 19709	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	11 Clinton Court Apt A, New Castle, DE 19720	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	18 Hunter Road, New Castle, DE 19720	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	23973 E Middlecord Circle, Seaford, DE 19973	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	51 Webbs Lane Apt A05, Dover, DE 19904	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	51 Webbs Lane Apt AA05, Dover, DE 19904	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	51 Webbs Lane Apt C07, Dover, DE 19904	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	51 Webbs Lane Apt E04, Dover, DE 19904	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	51 Webbs Lane Apt O01, Dover, DE 19904	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	51 Webbs Lane Apt P05, Dover, DE 19904	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	255 Webbs Lane Apt B13, Dover, DE 19904	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	255 Webbs Lane Apt C12, Dover, DE 19904	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	255 Webbs Lane Apt D24, Dover, DE 19904	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	255 Webbs Lane Apt G13, Dover, DE 19904	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	255 Webbs Lane Apt G21, Dover, DE 19904	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	3102 Drummond Plaza Bldg 1, Newark, DE 19711	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	3102 Drummond Plaza Bldg 1 #1201, Newark, DE 19711	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	3102 Drummond Plaza Bldg 1 #1208, Newark, DE 19711	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	3102 Drummond Plaza Bldg 1 #1210, Newark, DE 19711	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	3103 Drummond Plaza Bldg 1, Newark, DE 19711	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	3103 Drummond Plaza Bldg 1 #1303, Newark, DE 19711	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	3106 Drummond Plaza Bldg 1 #1302, Newark, DE 19711	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	8 Chatham Lane Apt 8A, Newark, DE 19713	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	15 Chatham Lane Apt 15J, Newark, DE 19713	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	1 Chatham Lane Apt B, Newark, DE 19713	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	1404 Coventry Lane (THE ELMS), Newark, DE 19713	Leased	N/A	N/A	Undetermined

## Connections Community Support Programs, Inc.

Case No. 21-10723

## Schedule AB-55: Any Building, Other Improved Real Estate, Or Land Which The Debtor Owns Or In Which The Debtor Has An Interest

Description of property	Location of property	Nature and extent of debtor's interest in property	Net book value of debtor's interest (where available)	Valuation method used for current	Current value of debtor's interest
CCSP Leased Properties for Clients	2203 Washington St Apt 1, Wilmington, DE 19802	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	54 Cheswold Blvd Apt 308, Newark, DE 19711	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	231 Bradford Apt 3, Dover, DE 19904	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	6 S Governors Ave Apt A, Dover, DE 19901	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	87 West View Ave, Ocean View, DE 19970	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	1623 West 4th St, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	201 1/2 Philadelphia Pike #107, Wilmington, DE 19809	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	208 N New St, Dover, DE 19904	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	1712 Reindeer Pl., Bear, DE 19701	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	1108 S Rodney St Apt A, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	1108 S Rodney St Apt B, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	121 E High St, Seaford, DE 19973	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	900 Peachtree Rd Apt F, Claymont, DE 19703	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	730 Peachtree Rd Apt 3, Claymont, DE 19703	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	217 W Reed St Apt A, Dover, DE 19904	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	217 W Reed St Apt B, Dover, DE 19904	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	219 W Reed St Apt A, Dover, DE 19904	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	219 W Reed St Apt B, Dover, DE 19904	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	561 Moose Lodge Rd Apt B, Camden, DE 19934	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	241 W Chestnut Hill Rd, Newark, DE 19711	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	113 S Bradford St Apt A, Dover, DE 19901	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	517 Lafayette Blvd, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	709 N Market St Apt 4C, Wilmington, DE 198081	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	12 Norway Ave, Wilmington, DE 19804	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	818 S Broom Apt 1B, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	1233 Chestnut St, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	318 East 5th St Apt B, Laurel, DE 19956	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	312 W 8th St Apt 17, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	312 W 8th St Apt 19, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	2507 Baynard Blvd, Wilmington, DE 19802	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	2509 Baynard Blvd Apt 1F, Wilmington, DE 19802	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	2509 Baynard Blvd Apt 3F, Wilmington, DE 19802	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	210 E 16th St Apt 1C, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	210 E 16th St Apt 2B, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	210 E 16th St Apt 3C, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	210 E 16th St Apt 3D, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	210 E 16th St Apt 4A, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	2201 N Washington St Apt 2, Wilmington, DE 19802	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	1005 Wright St Apt A, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	402 W 7th St Apt 2, Laurel, DE 19956	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	1112 Houston Drive, Millsboro, DE 19966	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	110 Gordon Place, Dover, DE 19901	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	172 Bertha Drive, Magnolia, DE 19962	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	827 W 4th St Apt 2, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	827 W 4th St Apt 3, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	1001 White Oak Rd Apt M11, Dover, DE 19904	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	33334 Sharkey's Lane, Millsboro, DE 19966	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	26234 Jeannette Road, Millsboro, DE 19966	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	224 W Division St Apt A, Dover, DE 19901	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	221 N Marshall St Apt 2, Newport, DE 19804	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	218 N Kirkwood St, Dover, DE 19901	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	222 N Kirkwood St, Dover, DE 19901	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	24168 German Road, Seaford, DE 19973	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	2508 Belford Dr, Wilmington, DE 19808	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	109 E 39th St, Wilmington, DE 19802	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	115 Winder Road, New Castle, DE 19720	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	4624 Griffin Drive, Wilmington, DE 19808	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	2673 Jersey Road, Millsboro, DE 19966	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	31 Westfield Drive, Newark, DE 19711	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	701 Collins Avenue, Seaford, DE 19973	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	221 N Bradford St, Seaford, DE 19973	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	1 Harlech Hall, Dover, DE 19904	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	19 W 24th St Apt 1, Wilmington, DE 19806	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	23 Belmont Ave Apt C, Wilmington, DE 19804	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	118 S Maryland Ave Apt 3, Wilmington, DE 19804	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	1120 N Clayton St, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	43 Court Dr Apt A, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	1328 N Walnut St Apt 1, Wilmington, DE 19806	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	5 Colony Blvd Apt 509, Wilmington, DE 19802	Leased	N/A	N/A	Undetermined

## Connections Community Support Programs, Inc.

Case No. 21-10723

## Schedule AB-55: Any Building, Other Improved Real Estate, Or Land Which The Debtor Owns Or In Which The Debtor Has An Interest

Description of property	Location of property	Nature and extent of debtor's interest in property	Net book value of debtor's interest (where available)	Valuation method used for current	Current value of debtor's interest
CCSP Leased Properties for Clients	209 Greenbank Rd Apt C1, Wilmington, DE 19808	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	606 W Lea Blvd Apt A4, Wilmington, DE 19802	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	606 W Lea Blvd Apt B4, Wilmington, DE 19802	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	16 West North St, Georgetown, DE 19947	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	26 Winchester Rd Apt 26A, Newark, DE 19713	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	1210 Terra Hill Dr Apt 3A, Wilmington, DE 19809	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	209 Hillview Ave, New Castle, DE 19720	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	1320 Clifford Brown Walk Apt 309, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	102 N Pennsylvania Ave Apt 1, Delmar, DE 19940	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	102 N Pennsylvania Ave Apt 2, Delmar, DE 19940	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	102 N Pennsylvania Ave Apt 3, Delmar, DE 19940	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	102 N Pennsylvania Ave Apt 4, Delmar, DE 19940	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	102 N Pennsylvania Ave Apt 5, Delmar, DE 19940	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	6656 Shawnee Road Apt 1, Milford, DE 19963	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	21 Beech Avenue, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	23 Beech Avenue, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	233 N West St, Dover, DE 19901	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	507 W 6th Street Apt 1, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	511 N Washington St Apt 1, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	511 N Washington St Apt 3, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	823 W 4th St 1st Flr Rear, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	823 W 4th St Apt 1, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	31 Bradford St Apt 2, Dover, DE 19902	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	14 Lea Boulevard Apt D, Wilmington, DE 19802	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	622 Homestead Rd Apt B, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	1119 Beech St, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	26 Winterhaven Dr Apt 3, Newark, DE 19702	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	20 Glenrich Ave Apt 12, Wilmington, DE 19804	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	20 Glenrich Ave Apt 6, Wilmington, DE 19804	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	20 Glenrich Ave Apt 7, Wilmington, DE 19804	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	305 W 18th St Apt 1, Wilmington, DE 19802	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	1411 Maple Street, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	2307 N Harrison St Apt 1, Wilmington, DE 19802	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	2307 N Harrison St Apt 17, Wilmington, DE 19802	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	11 Opus Drive, Newark, DE 19711	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	100 Garfield Avenue, New Castle, DE 19720	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	102 Richards Drive Apt 202, Newport, DE 19804	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	106 Richards Drive Apt 201, Newport, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	758 Christiana Rd Apt 1002, Newark, DE 19713	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	758 Christiana Rd Apt 307, Newark, DE 19711	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	758 Christiana Rd Apt 311, Newark, DE 19711	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	758 Christiana Rd Apt 902, Newark, DE 19713	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	320 Raymond St Apt 101, Dover, DE 19904	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	320 Raymond St Apt 107, Dover, DE 19904	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	320 Raymond St Apt 200, Dover, DE 19904	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	320 Raymond St Apt 208, Dover, DE 19904	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	320 Raymond St Apt 301, Dover, DE 19904	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	320 Raymond St Apt 305, Dover, DE 19904	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	412 W 23rd St, Wilmington, DE 19802	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	109 Willis Drive Apt G, Dover, DE 19901	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	166 Willis Road Apt F, Dover, DE 19901	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	309 Tollhouse Place Apt G103, Dover, DE 19904	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	2719 N Washington St Apt 3, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	101 N Dupont St Apt D, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	400 W 7th St Apt 2, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	530 East 10th St, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	606 N West St Apt 4, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	610 Washington St Apt 1, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	612 N Washington St Apt 2, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	824 West St Apt 12, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	824 West St Apt 3, Wilmington, DE 19901	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	1401 Maryland Ave Apt A11, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	1401 Maryland Ave Apt A4, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	1401 Maryland Ave Apt A9, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	1401 Maryland Ave Apt B5, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	1401 Maryland Ave Apt C9, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	1716 Lancaster Ave Apt A, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	2311 N Broom St Apt 2, Wilmington, DE 19802	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	2313 N Broom St Apt 2, Wilmington, DE 19802	Leased	N/A	N/A	Undetermined

## Connections Community Support Programs, Inc.

Case No. 21-10723

## Schedule AB-55: Any Building, Other Improved Real Estate, Or Land Which The Debtor Owns Or In Which The Debtor Has An Interest

Description of property	Location of property	Nature and extent of debtor's interest in property	Net book value of debtor's interest (where available)	Valuation method used for current	Current value of debtor's interest
CCSP Leased Properties for Clients	1404 W 8th St Apt 1, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	201 1/2 Philadelphia Pike #327, Wilmington, DE 19809	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	241 N Broom St Apt 3, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	115 Matthes Ave, Wilmington, DE 19804	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	502 N Harrison St Apt 5, Wilmington, DE 19806	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	602 N Tatnall St Apt 2, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	604 N Tatnall St Apt 1, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	822 Anchorage St, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	2205 N Tatnall St Apt 1, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	2205 N Tatnall St Apt 2, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	1309 Linden St, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	610 N Tatnall St Apt 2R, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	1507 Coleman St Apt 1, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	1507 Coleman St Apt 4, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	9 Ruth Rd Apt E1, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	411 N Governors Ave Apt 3, Dover, DE 19901	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	814 Grandview Ave Apt 2, Wilmington, DE 19809	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	32742 River Road Apt 1, Millsboro, DE 19966	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	173 Hampton Drive, Dover, DE 19904	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	222 West 17th St, Wilmington, DE 19802	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	3821 Lancaster Pike, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	1400 N King St Apt 3, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	1718 N Washington St Apt 3, Wilmington, DE 19802	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	230 Presidential Drive Apt 4, Greenville, DE 19807	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	500 S DuPont Apt 114-1B, New Castle, DE 19720	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	500 S DuPont Apt 123-2A, New Castle, DE 19720	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	500 S DuPont Apt 355-6A, New Castle, DE 19720	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	500 S DuPont Apt 355-6B, New Castle, DE 19720	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	26 S State St Apt 8, Dover, DE 19901	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	26 S State St Apt 4, Dover, DE 19901	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	315 Billy Mitchell Lane Apt E307, Dover, DE 19901	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	420 N Jefferson St Apt 3, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	615 W 6th Street Apt 1, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	940 Spruce St Apt 1, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	2239 N Pine Street, Wilmington, DE 19802	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	811 Brandywine Blvd, Wilmington, DE 19809	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	729 W 9th Street, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	29 Bramhall Street, Georgetown, DE 19947	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	27526 Pot of Gold Circle, Millsboro, DE 19966	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	27530 Pot of Gold Circle, Millsboro, DE 19966	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	524 Poplar St, Seaford, DE 19973	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	529 East Poplar Street, Seaford, DE 19973	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	807 S Market St, Blades, DE 19973	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	823 W North St Apt A, Dover, DE 19904	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	308 Grant St, Seaford, DE 19973	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	607 W 27th St, Wilmington, DE 19802	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	301 N Dupont Rd Apt 5, Wilmington, DE 19804	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	1121 W 3rd St, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	131 Scarborough Park 31-2, Wilmington, DE 19804	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	207 High School Ave, Georgetown, DE 19947	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	567 Homestead Rd 1st Flr, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	567 Homestead Rd 2nd Flr, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	905 Maple Street, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	1018 Read St, Wilmington, DE 19802	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	1000 W Newport Pike Apt 2, Newport, DE 19804	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	125 Delamore Place 2nd Flr, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	125 Delamore Place Apt 1, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	31732 Dune Circle, Lewes, DE 19958	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	3607 N Tatnall St, Wilmington, DE 19802	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	301 Walt Messick Rd Apt D, Harrington, DE 19952	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	654 Beechwood Ave, Milford, DE 19963	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	100 Grayson Court Apt 5-34, Seaford, DE 19973	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	106 Dewey St Apt 606, Laurel, DE 19956	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	2200 N Washington St Apt 1, Wilmington, DE 19802	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	28585 W Meadowview Dr, Milton, DE 19958	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	110 Towne Estates Dr Apt D1, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	110 Towne Estates Dr Apt E4, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	20 5th St, Blades, DE 19973	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	529 W 7th St, Laurel, DE 19956	Leased	N/A	N/A	Undetermined

## Connections Community Support Programs, Inc.

Case No. 21-10723

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CCSP Leased Properties for Clients	430 West St Apt 101, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	2700 Lancaster Ave Apt 1A, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	2700 Lancaster Ave Apt 6, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	12 W 26th St 2nd Flr, Wilmington, DE 19802	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	401 W 25th St 1st Flr, Wilmington, DE 19802	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	401 W 25th St 2nd Flr, Wilmington, DE 19802	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	2111 N Washington St Apt 3, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	701 Bennett St, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	219 N Arch Street, Seaford, DE 19973	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	30384 Gull Point Rd, Millsboro, DE 19966	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	2215 Washington St Apt 2, Wilmington, DE 19802	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	14 Waples Drive, Georgetown, DE 19947	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	1109 Houston Drive, Millsboro, DE 19966	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	318 Pyramid Ave Apt A, Claymont, DE 19703	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	208 Front St Apt A, Seaford, DE 19973	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	9 Par Haven Dr Apt C31, Dover, DE 19901	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	31 Villas Drive Apt 1, New Castle, DE 19720	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	31 Villas Drive Apt 8, New Castle, DE 19720	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	91 Villas Drive Apt 7, New Castle, DE 19720	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	121 Villas Drive Apt 5, New Castle, DE 19720	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	131 Villas Drive Apt 3, New Castle, DE 19720	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	191 Villas Drive Apt 1, New Castle, DE 19720	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	109 N Broom St Apt 1, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	16 Parker Circle Apt 3, Millsboro, DE 19966	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	15 S West St, Camden, DE 19934	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	27 Medal Way, Magnolia, DE 19962	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	356 Paradee Drive, Dover, DE 19901	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	1926 W 5th St Apt 2, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	17 Sunny Bend Ave, Newark, DE 19702	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	7507 Rodin Court, Newark, DE 19702	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	1104 Vinings Way Apt 1104, Christiana, DE 19702	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	359 Nimitz Road, Dover, DE 19901	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	221 Commerce St, Harrington, DE 19952	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	511 West 9th St Apt 1, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	511 West 9th St Apt 2, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	511 West 9th St Apt 3, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	511 West 9th St Apt 4, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	511 West 9th St Apt 5, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	511 West 9th St Apt 6, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	37176 Burton Ave, Rehoboth Beach, DE 19971	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	28420 Delaware Avenue Apt 4, Millsboro, DE 19966	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	14 Bristol Way, New Castle, DE 19720	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	20 Windmill Lane Apt 26, New Castle, DE 19720	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	29 Holland Circle Apt 34, New Castle, DE 19720	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	119 S Bradford St Apt A, Dover, DE 19901	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	701 Blair Court, New Castle, DE 19720	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	25 Corbin Court Apt 2, Wilmington, DE 19805	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	618 Ilse Dr Apt A, Newark, DE 19713	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	618 Ilse Dr Apt B, Newark, DE 19713	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	31 Maple Wood Dr, Lewes, DE 19958	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	107 Sandridge Court, Millsboro, DE 19966	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	118 S Porter St Apt B, Seaford, DE 19973	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	226 N Porter St, Seaford, DE 19973	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	803 Cypress Drive, Seaford, DE 19973	Leased	N/A	N/A	Undetermined
CCSP Leased Properties for Clients	607 W 4th St Apt B, Wilmington, DE 19801	Leased	N/A	N/A	Undetermined
Clinic	1-11 Clark St, Harrington, DE 19952	Owned	N/A	N/A	Undetermined
Clinic	315 Old Landing Road, Millsboro, DE 19966	Owned	N/A	N/A	Undetermined
CRISP	816 N West Street (Quaker Arts), Wilmington, DE 19801	Owned	N/A	N/A	Undetermined
Group Home	722 Cardinal Avenue, Bear, DE 19701	Owned	N/A	N/A	Undetermined
Group Home	204 Gordy Place, New Castle, DE 19720	Owned	N/A	N/A	Undetermined
Group Home	994 Black Bird Landing Rd, Townsend, DE 19734	Owned	N/A	N/A	Undetermined
Group Home	800 Bellevue Road, Wilmington, DE 19809	Owned	N/A	N/A	Undetermined
Group Home	124 N West Street , Camden-Wyoming, DE 19934	Owned	N/A	N/A	Undetermined
Group Home	2197 Still Road, Camden-Wyoming, DE 19934	Owned	N/A	N/A	Undetermined
Group Home	35906 Zion Church Road , Frankford, DE 19945	Owned	N/A	N/A	Undetermined
Group Home	676 Black Diamond Road, Smyrna , DE 19977	Owned	N/A	N/A	Undetermined
IDS	2048 Old Telegraph Road, Middletown, DE 19709	Owned	N/A	N/A	Undetermined
IDS	706 Port Penn Road, Middletown, DE 19709	Owned	N/A	N/A	Undetermined
IDS	98 University Avenue, New Castle, DE 19720	Owned	N/A	N/A	Undetermined

## Connections Community Support Programs, Inc.

Case No. 21-10723

## Schedule AB-55: Any Building, Other Improved Real Estate, Or Land Which The Debtor Owns Or In Which The Debtor Has An Interest

Description of property	Location of property	Nature and extent of debtor's interest in property	Net book value of debtor's interest (where available)	Valuation method used for current	Current value of debtor's interest
IDS	12 W Bellamy Drive, New Castle, DE 19720	Owned	N/A	N/A	Undetermined
IDS	126 Homewood Road, Wilmington, DE 19803	Owned	N/A	N/A	Undetermined
IDS	1430 S Hancock Avenue, Dover, DE 19901	Owned	N/A	N/A	Undetermined
IDS	125 Bertrand Drive, Dover, DE 19904	Owned	N/A	N/A	Undetermined
IDS	902 Schoolhouse Lane, Dover, DE 19904	Owned	N/A	N/A	Undetermined
IDS	620 Cedarwood Road, Milford, DE 19963	Owned	N/A	N/A	Undetermined
Judys	801 Washington Street (Judy's), Wilmington, DE 19801	Owned	N/A	N/A	Undetermined
Land and Buildings, less accumulated depreciation		Real Property	\$23,218,076.72	Net Book Value	Undetermined
Marcellas	901-903 Washington Street (Marcella's), Wilmington, DE 19801	Owned	N/A	N/A	Undetermined
Office	511 W 9th St, Wilmington, DE 19801	Owned	N/A	N/A	Undetermined
Office (church)	713 Washington Street, Wimington, DE 19801	Owned	N/A	N/A	Undetermined
Outpatient	105 N Front St, Seaford, DE 19973	Rent	N/A	N/A	Undetermined
Outpatient	123 Pennsylvania Ave, Seaford, DE 19973	Rent	N/A	N/A	Undetermined
Outpatient	321 Old Landing Road, Millsboro, DE 19966	Rent	N/A	N/A	Undetermined
Outpatient	811 Brandywine Blvd, Wilmington, DE 19809	Rent	N/A	N/A	Undetermined
Outpatient	105 N Front St, Seaford, DE 19973	Rent	N/A	N/A	Undetermined
Outpatient	123 Pennsylvania Ave, Seaford, DE 19973	Rent	N/A	N/A	Undetermined
Outpatient	321 Old Landing Road, Millsboro, DE 19966	Rent	N/A	N/A	Undetermined
Outpatient and Family Therapy	310 N High St Extension (310-350), Smyrna, DE 19977	Rent	N/A	N/A	Undetermined
Outpatient and Family Therapy	310 N High St Extension (310-350), Smyrna, DE 19977	Rent	N/A	N/A	Undetermined
Outpatient, HUB	3106 Drummond Plaza Bldg 3 1st flr, Newark, DE 19711	Rent	N/A	N/A	Undetermined
Outpatient, HUB	3202 Drummond Plaza Bldg 3 2nd flr, Newark, DE 19711	Rent	N/A	N/A	Undetermined
Outpatient, HUB	3204 Drummond Plaza Bldg 3 3rd flr, Newark, DE 19711	Rent	N/A	N/A	Undetermined
Outpatient, HUB	3106 Drummond Plaza Bldg 3 1st flr, Newark, DE 19711	Rent	N/A	N/A	Undetermined
Outpatient, HUB	3202 Drummond Plaza Bldg 3 2nd flr, Newark, DE 19711	Rent	N/A	N/A	Undetermined
Outpatient, HUB	3204 Drummond Plaza Bldg 3 3rd flr, Newark, DE 19711	Rent	N/A	N/A	Undetermined
Outpatient, IDS, CRISP, Staff Success, Connect to Work, IT	590 Naamans Road, Claymont, DE 19703	Rent	N/A	N/A	Undetermined
Outpatient, IDS, CRISP, Staff Success, Connect to Work, IT	590 Naamans Road, Claymont, DE 19703	Rent	N/A	N/A	Undetermined
Parking (church)	700 Wollaston St, Wilmington, DE 19801	Owned	N/A	N/A	Undetermined
Parking (church)	701-713 Wollaston St, Wilmington, DE 19801	Owned	N/A	N/A	Undetermined
Recovery Residence	34 Continental Avenue, Newark , DE 19711	Rent	N/A	N/A	Undetermined
Recovery Residence	W 23rd St, Wilmington, DE 19802	Rent	N/A	N/A	Undetermined
Recovery Residence	927 Wildel Ave Unit A, New Castle, DE 19720	Rent	N/A	N/A	Undetermined
Residential	3096 New Castle Avenue, New Castle, DE 19720	Owned	N/A	N/A	Undetermined
Residential	18 South Ford Avenue, Wilmington, DE 19805	Owned	N/A	N/A	Undetermined
Residential	1071 W 6th street, Laurel, DE 19956	Owned	N/A	N/A	Undetermined
Sober Living	1116-1126 Brandywine St/ 1132 E 12th St, Wilmington, DE 19802	Owned	N/A	N/A	Undetermined
Sober Living	33 East 22nd St, Wilmington, DE 19802	Owned	N/A	N/A	Undetermined
Sober Living	414 W 23rd Street, Wilmington, DE 19802	Owned	N/A	N/A	Undetermined
Sober Living	110 West Liberty Street, Harrington, DE 19952	Owned	N/A	N/A	Undetermined
Sober Living	22910 Pine Road, Lewes, DE 19958	Owned	N/A	N/A	Undetermined
Sober Living	9 Causey Avenue, Milford, DE 19963	Owned	N/A	N/A	Undetermined
Sober Living	401 S Washington St, Milford, DE 19963	Owned	N/A	N/A	Undetermined
Sober Living	18 N Arch St Extension, Seaford, DE 19973	Owned	N/A	N/A	Undetermined
Sober Living	114 Southeast 2nd Street, Milford, DE 19963	Owned	N/A	N/A	Undetermined
Transitional Housing	900 Coventry Lane (THE ELMS), Newark, DE 19713	Rent	N/A	N/A	Undetermined
Vacant	801 N West Street (Quaker Arts), Wilmington, DE 19801	Owned	N/A	N/A	Undetermined
Vacant lot	1123 Brandywine St, Wilmington, DE 19802	Owned	N/A	N/A	Undetermined
Vacant lot	1132 East 12th Street, Wilmington, DE 19802	Owned	N/A	N/A	Undetermined
Vacant lot	45 Clark St., Harrington, DE 19952	Owned	N/A	N/A	Undetermined
WomanSpace	708-710 N West Street (Quaker Arts), Wilmington, DE 19801	Owned	N/A	N/A	Undetermined
<b>Total:</b>					<b>Undetermined</b>

Debtor Name Connections Community Support Programs, Inc.

United States Bankruptcy Court for the District of Delaware

Case number (if known): 21-10723

 Check if this is an amended filing**Official Form 206D****Schedule D - Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible

**1. Do any creditors have claims secured by debtor's property?**

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims** If a creditor has more than one secured claim, list the creditor separately for each claim.

2.1	Creditor's name 310-317 OLD LANDING-NCALL	Describe debtor's property that is subject to a lien	Amount of Claim	Value of collateral that supports this claim
			Do not deduct the value of collateral	To be determined
<p>Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred _____</p> <p>Last four digits of account number _____</p> <p>Do multiple creditors have an interest in the same property?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.</p>				
<p>Describe the lien</p> <p>Property _____</p> <p>Is the creditor an insider or related party?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p>As of the petition filing date, the claim is:</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>				
2.2	Creditor's name 310-317 OLD LANDING-USDA	Describe debtor's property that is subject to a lien	\$1,550,657.03	To be determined
<p>Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred _____</p> <p>Last four digits of account number _____</p> <p>Do multiple creditors have an interest in the same property?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Have you already specified the relative priority?</p> <p><input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <p><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</p>				
3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.			\$28,069,707.87	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 1: Additional Page(s)**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

		<b>Amount of Claim Do not deduct the value of collateral</b>	<b>Value of collateral that supports this claim</b>
<b>2.3</b>	<b>Creditor's name</b> <b>713 WASHINGTON ST NCALL</b> <b>Creditor's mailing address</b> <b>363 SAULSBURY RD</b> <b>DOVER, DE 19904-2722</b>	<b>Describe debtor's property that is subject to a lien</b>  <b>\$809,312.70</b> <b>To be determined</b>	
	<b>Creditor's email address, if known</b>  <b>Date debt was incurred</b>  <b>Last four digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b>	<b>Describe the lien</b> <b>Property</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H). <b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>2.4</b>	<b>Creditor's name</b> <b>BALBOA3-HARRINGTON/NAAMANS</b> <b>Creditor's mailing address</b> <b>2010 MAIN ST, 11TH FL</b> <b>IRVINE, CA 92614</b>	<b>Describe debtor's property that is subject to a lien</b>  <b>\$93,521.01</b> <b>To be determined</b>	
	<b>Creditor's email address, if known</b>  <b>Date debt was incurred</b>  <b>Last four digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b>	<b>Describe the lien</b> <b>Equipment</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H). <b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 1: Additional Page(s)**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

		Amount of Claim Do not deduct the value of collateral	Value of collateral that supports this claim	
<b>2.5</b>	<b>Creditor's name</b> BALBOA4-NAAMANS <b>Creditor's mailing address</b> 2010 MAIN ST, 11TH FL IRVINE, CA 92614	<b>Describe debtor's property that is subject to a lien</b>  <b>Describe the lien</b> <b>Equipment</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
		\$81,796.32	To be determined	
	<b>Creditor's email address, if known</b>  <b>Date debt was incurred</b>  <b>Last four digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> No</li> <li><input type="checkbox"/> Yes. Have you already specified the relative priority?</li> <li><input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</li> </ul> <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H). <b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>2.6</b>	<b>Creditor's name</b> BARCLAY - 33 E 22ND ST <b>Creditor's mailing address</b> 100 SOUTH WEST ST WILMINGTON, DE 19801	<b>Describe debtor's property that is subject to a lien</b>  <b>Describe the lien</b> <b>Property</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$112,540.93 To be determined
	<b>Creditor's email address, if known</b>  <b>Date debt was incurred</b>  <b>Last four digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> No</li> <li><input type="checkbox"/> Yes. Have you already specified the relative priority?</li> <li><input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</li> </ul> <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H). <b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 1: Additional Page(s)**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

		Amount of Claim Do not deduct the value of collateral	Value of collateral that supports this claim	
<b>2.7</b>	<b>Creditor's name</b> <hr/> <b>BARCLAY - GROUP HOMES</b>  <b>Creditor's mailing address</b> 100 SOUTH WEST ST WILMINGTON, DE 19801	<b>Describe debtor's property that is subject to a lien</b> <hr/>	\$457,149.48	To be determined
	<b>Creditor's email address, if known</b> <hr/>	<b>Describe the lien</b> <b>Property</b> <hr/>		
	<b>Date debt was incurred</b> <hr/>	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Last four digits of account number</b> <hr/>	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
	<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>2.8</b>	<b>Creditor's name</b> <hr/> <b>BARCLAYS - BRANDYWINE STREET</b>  <b>Creditor's mailing address</b> 100 SOUTH WEST ST WILMINGTON, DE 19801	<b>Describe debtor's property that is subject to a lien</b> <hr/>	\$342,803.07	To be determined
	<b>Creditor's email address, if known</b> <hr/>	<b>Describe the lien</b> <b>Property</b> <hr/>		
	<b>Date debt was incurred</b> <hr/>	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Last four digits of account number</b> <hr/>	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
	<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 1: Additional Page(s)**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

		<b>Amount of Claim Do not deduct the value of collateral</b>	<b>Value of collateral that supports this claim</b>
<b>2.9</b>	<b>Creditor's name</b> <hr/> <b>BARCLAYS 300 HVAC</b>	<b>Describe debtor's property that is subject to a lien</b> <hr/>	
	<b>Creditor's mailing address</b>  100 SOUTH WEST ST WILMINGTON, DE 19801	<b>\$147,337.19</b>	<b>To be determined</b>
	<b>Creditor's email address, if known</b>	<b>Describe the lien</b>	
	<b>Date debt was incurred</b>	<b>Equipment</b>	
	<b>Last four digits of account number</b>	<b>Is the creditor an insider or related party?</b>	
	<b>Do multiple creditors have an interest in the same property?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).	
		<b>As of the petition filing date, the claim is:</b>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>2.10</b>	<b>Creditor's name</b> <hr/> <b>BARCLAYS 310 VAN</b>	<b>Describe debtor's property that is subject to a lien</b> <hr/>	
	<b>Creditor's mailing address</b>  100 SOUTH WEST ST WILMINGTON, DE 19801	<b>\$14,453.56</b>	<b>To be determined</b>
	<b>Creditor's email address, if known</b>	<b>Describe the lien</b>	
	<b>Date debt was incurred</b>	<b>Vehicle</b>	
	<b>Last four digits of account number</b>	<b>Is the creditor an insider or related party?</b>	
	<b>Do multiple creditors have an interest in the same property?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).	
		<b>As of the petition filing date, the claim is:</b>	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 1: Additional Page(s)**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

		Amount of Claim Do not deduct the value of collateral	Value of collateral that supports this claim
<b>2.11</b>	<b>Creditor's name</b> <b>GREAT AMERICA-SAFE-590 NAAMANS</b> <b>Creditor's mailing address</b> <b>P.O. BOX 660831</b> <b>DALLAS, TX 75266-0831</b>	<b>Describe debtor's property that is subject to a lien</b>  <b>Equipment</b>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,887.02      To be determined
	<b>Creditor's email address, if known</b>  <b>Date debt was incurred</b>  <b>Last four digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	<b>Describe the lien</b>  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).  <b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>2.12</b>	<b>Creditor's name</b> <b>GREAT AMERICAN 1463313 590</b> <b>Creditor's mailing address</b> <b>P.O. BOX 660831</b> <b>DALLAS, TX 75266-0831</b>	<b>Describe debtor's property that is subject to a lien</b>  <b>Equipment</b>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,760.79      To be determined
	<b>Creditor's email address, if known</b>  <b>Date debt was incurred</b>  <b>Last four digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	<b>Describe the lien</b>  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).  <b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 1: Additional Page(s)**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

		Amount of Claim Do not deduct the value of collateral	Value of collateral that supports this claim
<b>2.13</b>	<b>Creditor's name</b> GREAT AMERICAN WASCO 1446944 <b>Creditor's mailing address</b> P.O. BOX 660831 DALLAS, TX 75266-0831	<b>Describe debtor's property that is subject to a lien</b>  <b>Equipment</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,401.91 To be determined
	<b>Creditor's email address, if known</b>  <b>Date debt was incurred</b>  <b>Last four digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	<b>Describe the lien</b>  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H). <b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>2.14</b>	<b>Creditor's name</b> HP-ADVANTECH VARIOUS SITES <b>Creditor's mailing address</b> 4092 N DUPONT HWY DOVER, DE 19901	<b>Describe debtor's property that is subject to a lien</b>  <b>Equipment</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,896.31 To be determined
	<b>Creditor's email address, if known</b>  <b>Date debt was incurred</b>  <b>Last four digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	<b>Describe the lien</b>  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H). <b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 1: Additional Page(s)**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

		Amount of Claim Do not deduct the value of collateral	Value of collateral that supports this claim
<b>2.15 Creditor's name</b>	<b>Describe debtor's property that is subject to a lien</b>		
HP-ADVANTECH-105 N FRONT ST  Creditor's mailing address 4092 N DUPONT HWY DOVER, DE 19901		\$16,807.78	To be determined
<b>Creditor's email address, if known</b>	<b>Describe the lien</b>		
<b>Date debt was incurred</b>	<b>Equipment</b>		
<b>Last four digits of account number</b>	<b>Is the creditor an insider or related party?</b>		
Do multiple creditors have an interest in the same property?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.		
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	<b>Is anyone else liable on this claim?</b>		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
	<b>As of the petition filing date, the claim is:</b>		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>2.16 Creditor's name</b>	<b>Describe debtor's property that is subject to a lien</b>		
HP-ADVANTECH-590 NAAMANS  Creditor's mailing address 4092 N DUPONT HWY DOVER, DE 19901		\$165,750.00	To be determined
<b>Creditor's email address, if known</b>	<b>Describe the lien</b>		
<b>Date debt was incurred</b>	<b>Equipment</b>		
<b>Last four digits of account number</b>	<b>Is the creditor an insider or related party?</b>		
Do multiple creditors have an interest in the same property?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.		
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	<b>Is anyone else liable on this claim?</b>		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
	<b>As of the petition filing date, the claim is:</b>		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 1: Additional Page(s)**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

		Amount of Claim Do not deduct the value of collateral	Value of collateral that supports this claim
<b>2.17</b>	<b>Creditor's name</b> HP-ADVANTECH-706 PORT PENN RD <b>Creditor's mailing address</b> 4092 N DUPONT HWY DOVER, DE 19901	<b>Describe debtor's property that is subject to a lien</b>  <b>Equipment</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,649.97 To be determined
	<b>Creditor's email address, if known</b>  <b>Date debt was incurred</b>  <b>Last four digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	<b>Describe the lien</b>  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H). <b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>2.18</b>	<b>Creditor's name</b> HP-ADVANTECH-HARRINGTON <b>Creditor's mailing address</b> 4092 N DUPONT HWY DOVER, DE 19901	<b>Describe debtor's property that is subject to a lien</b>  <b>Equipment</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,068.47 To be determined
	<b>Creditor's email address, if known</b>  <b>Date debt was incurred</b>  <b>Last four digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	<b>Describe the lien</b>  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H). <b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 1: Additional Page(s)**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

		Amount of Claim Do not deduct the value of collateral	Value of collateral that supports this claim
<b>2.19</b>	<b>Creditor's name</b> HP-ADVANTECH-HARRINGTON-2 <b>Creditor's mailing address</b> 4092 N DUPONT HWY DOVER, DE 19901	<b>Describe debtor's property that is subject to a lien</b>  <b>Equipment</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66,945.08 To be determined
	<b>Creditor's email address, if known</b>  <b>Date debt was incurred</b>  <b>Last four digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	<b>Describe the lien</b>  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H). <b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>2.20</b>	<b>Creditor's name</b> HP-C&S-590 NAAMANS <b>Creditor's mailing address</b> 4092 N DUPONT HWY DOVER, DE 19901	<b>Describe debtor's property that is subject to a lien</b>  <b>Equipment</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$202,054.58 To be determined
	<b>Creditor's email address, if known</b>  <b>Date debt was incurred</b>  <b>Last four digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	<b>Describe the lien</b>  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H). <b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 1: Additional Page(s)**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

		Amount of Claim Do not deduct the value of collateral	Value of collateral that supports this claim
<b>2.21</b>	<b>Creditor's name</b> <u>MORTGAGE 507 WEST NINTH ST WIL</u> <b>Creditor's mailing address</b>  <b>Creditor's email address, if known</b>  <b>Date debt was incurred</b>  <b>Last four digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> No</li> <li><input type="checkbox"/> Yes. Have you already specified the relative priority?</li> <li><input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</li> </ul> <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	<b>Describe debtor's property that is subject to a lien</b>  <b>Describe the lien</b> <b>Property</b> <b>Is the creditor an insider or related party?</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> No</li> <li><input type="checkbox"/> Yes</li> </ul> <b>Is anyone else liable on this claim?</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> No</li> <li><input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</li> </ul> <b>As of the petition filing date, the claim is:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Contingent</li> <li><input type="checkbox"/> Unliquidated</li> <li><input type="checkbox"/> Disputed</li> </ul>	<b>\$31,204.02</b> <b>To be determined</b>
<b>2.22</b>	<b>Creditor's name</b> <u>NCALL - BRANDYWINE ST. 2</u> <b>Creditor's mailing address</b> <u>363 SAULSBURY RD</u> <u>DOVER, DE 19904-2722</u>  <b>Creditor's email address, if known</b>  <b>Date debt was incurred</b>  <b>Last four digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> No</li> <li><input type="checkbox"/> Yes. Have you already specified the relative priority?</li> <li><input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</li> </ul> <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	<b>Describe debtor's property that is subject to a lien</b>  <b>Describe the lien</b> <b>Property</b> <b>Is the creditor an insider or related party?</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> No</li> <li><input type="checkbox"/> Yes</li> </ul> <b>Is anyone else liable on this claim?</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> No</li> <li><input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</li> </ul> <b>As of the petition filing date, the claim is:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Contingent</li> <li><input type="checkbox"/> Unliquidated</li> <li><input type="checkbox"/> Disputed</li> </ul>	<b>\$575,818.67</b> <b>To be determined</b>

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 1: Additional Page(s)**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

		Amount of Claim Do not deduct the value of collateral	Value of collateral that supports this claim
<b>2.23</b>	<b>Creditor's name</b> NCALL - WEST LIBERTY STREET <b>Creditor's mailing address</b> 363 SAULSBURY RD DOVER, DE 19904-2722	<b>Describe debtor's property that is subject to a lien</b>  <b>Describe the lien</b> <b>Property</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$234,485.78 To be determined
	<b>Creditor's email address, if known</b>  <b>Date debt was incurred</b>  <b>Last four digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H). <b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>2.24</b>	<b>Creditor's name</b> NCALL LOAN 165 <b>Creditor's mailing address</b> 363 SAULSBURY RD DOVER, DE 19904-2722	<b>Describe debtor's property that is subject to a lien</b>  <b>Describe the lien</b> <b>Property</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,008,254.39 To be determined
	<b>Creditor's email address, if known</b>  <b>Date debt was incurred</b>  <b>Last four digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H). <b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 1: Additional Page(s)**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

		Amount of Claim Do not deduct the value of collateral	Value of collateral that supports this claim	
<b>2.25</b>	<b>Creditor's name</b> NCALL LOAN 170 <b>Creditor's mailing address</b> 363 SAULSBURY RD DOVER, DE 19904-2722	<b>Describe debtor's property that is subject to a lien</b>  <b>Describe the lien</b> <b>Property</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
		\$233,125.82	To be determined	
	<b>Creditor's email address, if known</b>  <b>Date debt was incurred</b>  <b>Last four digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> No</li> <li><input type="checkbox"/> Yes. Have you already specified the relative priority?</li> <li><input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</li> </ul> <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H). <b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>2.26</b>	<b>Creditor's name</b> NCALL MILLSBORO LOAN 162 <b>Creditor's mailing address</b> 363 SAULSBURY RD DOVER, DE 19904-2722	<b>Describe debtor's property that is subject to a lien</b>  <b>Describe the lien</b> <b>Property</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$424,473.73 To be determined
	<b>Creditor's email address, if known</b>  <b>Date debt was incurred</b>  <b>Last four digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> No</li> <li><input type="checkbox"/> Yes. Have you already specified the relative priority?</li> <li><input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</li> </ul> <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H). <b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 1: Additional Page(s)**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

		Amount of Claim Do not deduct the value of collateral	Value of collateral that supports this claim
<b>2.27</b>	<b>Creditor's name</b> <b>NCALL MORT 706 PORT PENN ROAD</b> <b>Creditor's mailing address</b> <b>363 SAULSBURY RD</b> <b>DOVER, DE 19904-2722</b>	<b>Describe debtor's property that is subject to a lien</b>  <b>Date debt was incurred</b>  <b>Last four digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> No</li> <li><input type="checkbox"/> Yes. Have you already specified the relative priority?</li> <li><input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</li> </ul> <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	\$371,213.49      To be determined
		<b>Describe the lien</b> <b>Property</b> <b>Is the creditor an insider or related party?</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> No</li> <li><input type="checkbox"/> Yes</li> </ul> <b>Is anyone else liable on this claim?</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> No</li> <li><input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</li> </ul> <b>As of the petition filing date, the claim is:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Contingent</li> <li><input type="checkbox"/> Unliquidated</li> <li><input type="checkbox"/> Disputed</li> </ul>	
<b>2.28</b>	<b>Creditor's name</b> <b>NCALL SOBLIV-CEDARWOOD CONSOL</b> <b>Creditor's mailing address</b> <b>363 SAULSBURY RD</b> <b>DOVER, DE 19904-2722</b>	<b>Describe debtor's property that is subject to a lien</b>  <b>Date debt was incurred</b>  <b>Last four digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> No</li> <li><input type="checkbox"/> Yes. Have you already specified the relative priority?</li> <li><input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</li> </ul> <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	\$1,045,867.70      To be determined
		<b>Describe the lien</b> <b>Property</b> <b>Is the creditor an insider or related party?</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> No</li> <li><input type="checkbox"/> Yes</li> </ul> <b>Is anyone else liable on this claim?</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> No</li> <li><input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</li> </ul> <b>As of the petition filing date, the claim is:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Contingent</li> <li><input type="checkbox"/> Unliquidated</li> <li><input type="checkbox"/> Disputed</li> </ul>	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 1: Additional Page(s)**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

		Amount of Claim Do not deduct the value of collateral	Value of collateral that supports this claim
<b>2.29</b>	<b>Creditor's name</b> OTH-LHI LOAN 105 FRONT ST <b>Creditor's mailing address</b>	<b>Describe debtor's property that is subject to a lien</b>  <b>Describe the lien</b> <b>Property</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$86,300.95      To be determined
	<b>Creditor's email address, if known</b>  <b>Date debt was incurred</b>  <b>Last four digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H). <b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>2.30</b>	<b>Creditor's name</b> PORT PENN DSHA <b>Creditor's mailing address</b>	<b>Describe debtor's property that is subject to a lien</b>  <b>Describe the lien</b> <b>Property</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$792,545.38      To be determined
	<b>Creditor's email address, if known</b>  <b>Date debt was incurred</b>  <b>Last four digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H). <b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 1: Additional Page(s)**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

		Amount of Claim Do not deduct the value of collateral	Value of collateral that supports this claim
<b>2.31</b>	<b>Creditor's name</b> PORT PENN NCALL <b>Creditor's mailing address</b>	<b>Describe debtor's property that is subject to a lien</b>   <b>Describe the lien</b> <b>Property</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$543,339.70 To be determined
	<b>Creditor's email address, if known</b>  <b>Date debt was incurred</b>  <b>Last four digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H). <b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>2.32</b>	<b>Creditor's name</b> USDA MORTGAGE CAUSEY AVE <b>Creditor's mailing address</b> P.O. BOX 790170 ST LOUIS, MO 63179-0170	<b>Describe debtor's property that is subject to a lien</b>   <b>Describe the lien</b> <b>Property</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$473,069.22 To be determined
	<b>Creditor's email address, if known</b>  <b>Date debt was incurred</b>  <b>Last four digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H). <b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 1: Additional Page(s)**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

		<b>Amount of Claim Do not deduct the value of collateral</b>	<b>Value of collateral that supports this claim</b>
<b>2.33</b>	<b>Creditor's name</b> <b>USDA MORTGAGE SPARTAN STATION</b> <b>Creditor's mailing address</b> <b>P.O. BOX 790170</b> <b>ST LOUIS, MO 63179-0170</b>	<b>Describe debtor's property that is subject to a lien</b>  <b>Date debt was incurred</b>  <b>Last four digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> No</li> <li><input type="checkbox"/> Yes. Have you already specified the relative priority?</li> <li><input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</li> </ul> <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	<b>\$5,664,449.68</b> <b>To be determined</b>
		<b>Describe the lien</b> <b>Property</b> <b>Is the creditor an insider or related party?</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> No</li> <li><input type="checkbox"/> Yes</li> </ul> <b>Is anyone else liable on this claim?</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> No</li> <li><input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</li> </ul> <b>As of the petition filing date, the claim is:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Contingent</li> <li><input type="checkbox"/> Unliquidated</li> <li><input type="checkbox"/> Disputed</li> </ul>	
<b>2.34</b>	<b>Creditor's name</b> <b>WILMINGTON SAVINGS FUND SOCIETY, FSB (WS)</b> <b>Creditor's mailing address</b> <b>P. O. BOX 400</b> <b>CLAYMONT, DE 19703-0400</b>	<b>Describe debtor's property that is subject to a lien</b>  <b>Date debt was incurred</b>  <b>Last four digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> No</li> <li><input type="checkbox"/> Yes. Have you already specified the relative priority?</li> <li><input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</li> </ul> <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	<b>\$9,000,000.00</b> <b>To be determined</b>
		<b>Describe the lien</b> <b>Line of Credit</b> <b>Is the creditor an insider or related party?</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> No</li> <li><input type="checkbox"/> Yes</li> </ul> <b>Is anyone else liable on this claim?</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> No</li> <li><input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</li> </ul> <b>As of the petition filing date, the claim is:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Contingent</li> <li><input type="checkbox"/> Unliquidated</li> <li><input type="checkbox"/> Disputed</li> </ul>	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 1: Additional Page(s)**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

		Amount of Claim Do not deduct the value of collateral	Value of collateral that supports this claim
<b>2.35 Creditor's name</b>	Describe debtor's property that is subject to a lien	<b>\$779,691.99</b>	To be determined
WILMINGTON SAVINGS FUND SOCIETY, FSB (WS)			
Creditor's mailing address			
P. O. BOX 400 CLAYMONT, DE 19703-0400			
Creditor's email address, if known	Describe the lien		
Date debt was incurred	Property		
Last four digits of account number	Is the creditor an insider or related party?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Do multiple creditors have an interest in the same property?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines			
<b>Is anyone else liable on this claim?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).			
<b>As of the petition filing date, the claim is:</b>			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			

Debtor Name **Connections Community Support Programs, Inc.**

United States Bankruptcy Court for the District of Delaware

Case number (if known): **21-10723** Check if this is an amended filing**Official Form 206E/F****Schedule E/F - Creditors Who Have Claims Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims?

- No. Go to Part 2.  
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
<b>2.1 Priority creditor's name and mailing address</b>	As of the petition filing date, the claim is: \$ _____ \$ _____	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b>	
<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b>	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

			Amount of claim
<b>3.1</b>	<b>Nonpriority creditor's name and mailing address</b>  ACCOUNTTEMPS 12400 COLLECTIONS CENTER DR CHICAGO, IL 60693	<b>As of the petition filing date, the claim is:</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Undetermined</b>
<b>Date or dates debt was incurred</b> Various		<b>Basis for the claim:</b>  ACCOUNTS PAYABLE	
<b>Last 4 digits of account number</b> ACCTTE		<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.2</b>	<b>Nonpriority creditor's name and mailing address</b>  ACTION UNLIMITED RESOURCES NEW CASTLE, DE 19720	<b>As of the petition filing date, the claim is:</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$34,408.95</b>
<b>Date or dates debt was incurred</b> Various		<b>Basis for the claim:</b>  ACCOUNTS PAYABLE	
<b>Last 4 digits of account number</b> ACTUN		<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.3</b>	<b>Nonpriority creditor's name and mailing address</b>  ADAM WENZKE C/O JAMES T VAUGHN CORRECTIONAL CENTER 1181 PADDOCK RD SMYRNA, DE 19977	<b>As of the petition filing date, the claim is:</b>  <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>UNKNOWN</b>
<b>Date or dates debt was incurred</b>		<b>Basis for the claim:</b>  LITIGATION	
<b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.4</b>	<b>Nonpriority creditor's name and mailing address</b>  ADVANCED EYE CARE PA 213 GREENHILL AVE, STE A WILMINGTON, DE 19805-1944	<b>As of the petition filing date, the claim is:</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$99.33</b>
<b>Date or dates debt was incurred</b> Various		<b>Basis for the claim:</b>  ACCOUNTS PAYABLE	
<b>Last 4 digits of account number</b> ADVANCEDEY		<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

3.5	<b>Nonpriority creditor's name and mailing address</b> ADVANTECH, INC 4092 N DUPONT HWY DOVER, DE 19901	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$44,046.16
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> ADVA	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.6	<b>Nonpriority creditor's name and mailing address</b> ALFIERI CARDIOLOGY, PA 701 FOULK RD, STE 1A WILMINGTON, DE 19803	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,273.81
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> ALFIERI	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.7	<b>Nonpriority creditor's name and mailing address</b> ALLIED DIAGNOSTIC PATHOLOGY, PA P.O. BOX 69150 BALTIMORE, MD 21264-9150	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,000.00
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> ALLIEDIAG	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.8	<b>Nonpriority creditor's name and mailing address</b> ALLIED LOCK & SAFE COMPANY 709 SHIPLEY ST WILMINGTON, DE 19801	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$485.50
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> ALLILO	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.9</b>	<b>Nonpriority creditor's name and mailing address</b> AMERICAN LEGION AMBULANCE 71 OMEGA DR, BLDG D NEWARK, DE 19713-2063	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$92,496.80</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> AMERLEGION	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.10</b>	<b>Nonpriority creditor's name and mailing address</b> AMIR FATIR 1181 PADDICK RD P.O. BOX 500 SMYRNA, DE 19977	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>UNKNOWN</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> LITIGATION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.11</b>	<b>Nonpriority creditor's name and mailing address</b> ANESTHESIA SERVICES, PA P.O. BOX 12993 BELFAST, ME 04915-4020	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$6,206.61</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> ANESTSERV	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.12</b>	<b>Nonpriority creditor's name and mailing address</b> ANKLE AND FOOT SURGICAL ASSOC 717 N UNION ST WILMINGTON, DE 19805	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$981.74</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> ANKLEFOOT	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

3.13	<b>Nonpriority creditor's name and mailing address</b> ANTHONY WHITE C/O JAMES T VAUGHN CORRECTIONAL CENTER 1181 PADDOCK RD SMYRNA, DE 19977	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
<b>Date or dates debt was incurred</b> Various		<b>Basis for the claim:</b> LITIGATION	
<b>Last 4 digits of account number</b> 		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>			
3.14	<b>Nonpriority creditor's name and mailing address</b> APOGEE MEDICAL GROUP-DELAWARE P.O. BOX 708728 SANDY, UT 84070-8708	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$14,727.16
<b>Date or dates debt was incurred</b> Various		<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
<b>Last 4 digits of account number</b> APOGEE		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>			
3.15	<b>Nonpriority creditor's name and mailing address</b> APPLEBALE, LLC 198 AIRPORT RD NEW CASTLE, DE 19720	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,200.00
<b>Date or dates debt was incurred</b> Various		<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
<b>Last 4 digits of account number</b> APPLEBALE		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>			
3.16	<b>Nonpriority creditor's name and mailing address</b> ARTHUR HALL INSURANCE P.O. BOX 512 WEST CHESTER, PA 19381-0512	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
<b>Date or dates debt was incurred</b> Various		<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
<b>Last 4 digits of account number</b> ARTHUR		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

3.17	<b>Nonpriority creditor's name and mailing address</b> ATLANTIC RETINA CENTER, PA 31455 WINTER PL PKWY SALISBURY, MD 21804	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$127.44
<b>Date or dates debt was incurred</b> Various		<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
<b>Last 4 digits of account number</b> ATLRETINA		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.18	<b>Nonpriority creditor's name and mailing address</b> AUGUSTUS HEBREW EVANS, JR C/O JAMES T VAUGHN CORRECTIONAL CENTER 1181 PADDOCK RD SMYRNA, DE 19977	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
<b>Date or dates debt was incurred</b> Various		<b>Basis for the claim:</b> LITIGATION	
<b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.19	<b>Nonpriority creditor's name and mailing address</b> AXION OF PENNSYLVANIA LLC 1430 BROADWAY, 7TH FL NEW YORK, NY 10018	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,215.00
<b>Date or dates debt was incurred</b> Various		<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
<b>Last 4 digits of account number</b> AXION		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.20	<b>Nonpriority creditor's name and mailing address</b> B & B DESIGN CONTRACTING LLC 1290 PEACH BASKET RD FELTON, DE 19943	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,450.00
<b>Date or dates debt was incurred</b> Various		<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
<b>Last 4 digits of account number</b> B&BDESIGN		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

3.21	<b>Nonpriority creditor's name and mailing address</b> B SAFE, INC 109 BALTIMORE AVE WILMINGTON, DE 19805	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$3,171.56</b>
<b>Date or dates debt was incurred</b> Various		<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
<b>Last 4 digits of account number</b> BSAFE		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.22	<b>Nonpriority creditor's name and mailing address</b> BALICK & BALICK LLC 711 N KING ST WILMINGTON, DE 19801	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,921.48</b>
<b>Date or dates debt was incurred</b> Various		<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
<b>Last 4 digits of account number</b> BALICK		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.23	<b>Nonpriority creditor's name and mailing address</b> BAY ANESTHESIA ASSOCIATES P.O. BOX 826515 PHILADELPHIA, PA 19182-6515	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$7,122.86</b>
<b>Date or dates debt was incurred</b> Various		<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
<b>Last 4 digits of account number</b> BAYANESTHE		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.24	<b>Nonpriority creditor's name and mailing address</b> BAYHEALTH EMERGENCY PHYSICIAN P.O. BOX 829862 PHILADELPHIA, PA 19182-9862	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$3,127.42</b>
<b>Date or dates debt was incurred</b> Various		<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
<b>Last 4 digits of account number</b> BAYEMERG		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.25</b>	<b>Nonpriority creditor's name and mailing address</b> BAYHEALTH MEDICAL CENTER 640 S STATE ST DOVER, DE 19901	<b>As of the petition filing date, the claim is:</b> \$2,243,455.50 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ACCOUNTS PAYABLE
	<b>Date or dates debt was incurred</b> Various	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	<b>Last 4 digits of account number</b> BAYHEALTH	
<b>3.26</b>	<b>Nonpriority creditor's name and mailing address</b> BAYHEALTH MEDICAL GROUP P.O. BOX 822639 PHILADELPHIA, PA 19182-2639	<b>As of the petition filing date, the claim is:</b> \$67,697.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ACCOUNTS PAYABLE
	<b>Date or dates debt was incurred</b> Various	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	<b>Last 4 digits of account number</b> BAYHEALMED	
<b>3.27</b>	<b>Nonpriority creditor's name and mailing address</b> BAYSHORE FORD P.O. BOX 627 NEW CASTLE, DE 19720	<b>As of the petition filing date, the claim is:</b> \$355,522.35 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ACCOUNTS PAYABLE
	<b>Date or dates debt was incurred</b> Various	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	<b>Last 4 digits of account number</b> BAYFO	
<b>3.28</b>	<b>Nonpriority creditor's name and mailing address</b> BAYSHORE RECORDS MANAGEMENT 901 DAWSON DR NEWARK, DE 19713	<b>As of the petition filing date, the claim is:</b> \$4,277.41 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ACCOUNTS PAYABLE
	<b>Date or dates debt was incurred</b> Various	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	<b>Last 4 digits of account number</b> BAYREC	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.29</b>	<b>Nonpriority creditor's name and mailing address</b> BBEE, LLC 1685 SOUTHSTATE ST DOVER, DE 19901	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$36,904.20
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> BBEE	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.30</b>	<b>Nonpriority creditor's name and mailing address</b> BEEBE MEDICAL CENTER 424 SAVANNAH RD LEWES, DE 19958-1462	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$58,332.00
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> BEEBEM	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.31</b>	<b>Nonpriority creditor's name and mailing address</b> BEEBE MEDICAL GROUP P.O. BOX 12283 BELFAST, ME 04915-4013	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$70,035.34
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> BEEBE	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.32</b>	<b>Nonpriority creditor's name and mailing address</b> BENJAMIN FRANKLIN PLUMBING 410 MECO DR, STE B WILMINGTON, DE 19804	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$39.00
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> BENFRAPLU	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.33</b>	<b>Nonpriority creditor's name and mailing address</b> BERKSHIRE HATHAWAY HOMESTATE C P.O. BOX 911617 DENVER, CO 80291-1617	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$14,193.80</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> BERKSHIRE	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.34</b>	<b>Nonpriority creditor's name and mailing address</b> BIO-ONE 58 SNYDER AVE, STE 37118 PHILADELPHIA, PA 19148	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,957.50</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> BIO-ONE	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.35</b>	<b>Nonpriority creditor's name and mailing address</b> BLUE HEN DISPOSE-ALL, INC 34026 ANNAS WAY, STE 3 MILLSBORO, DE 19966	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$261.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> BLUEHENDIS	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.36</b>	<b>Nonpriority creditor's name and mailing address</b> BLUE HEN MECHANICAL, INC P.O. BOX 630 MIDDLETOWN, DE 19709	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$3,602.60</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> BLUHEMECH	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.37</b>	<b>Nonpriority creditor's name and mailing address</b> BLUE HEN NAAMANS RD 800 NAAMANS RD WILMINGTON, DE 19810	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$294.00
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> BLUE CAR	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.38</b>	<b>Nonpriority creditor's name and mailing address</b> BOB CAT SEPTIC SERVICES LLC P.O. BOX 57 KELTON, PA 19346	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,950.00
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> BOBCAT	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.39</b>	<b>Nonpriority creditor's name and mailing address</b> BRANDYWINE UROLOGY CONSULTANTS 2000 FOULK RD, STE F WILMINGTON, DE 19810-3642	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$75.06
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> BRANDURO	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.40</b>	<b>Nonpriority creditor's name and mailing address</b> BRIAN M BEY C/O JAMES T VAUGHN CORRECTIONAL CENTER 1181 PADDOCK RD SMYRNA, DE 19977	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> LITIGATION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.41</b>	<b>Nonpriority creditor's name and mailing address</b> BUCHANAN INGERSOLL & ROONEY 409 N 2ND ST, STE 500 HARRISBURG, PA 17101-1357	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$35,213.00
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> BIR	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.42</b>	<b>Nonpriority creditor's name and mailing address</b> BURKE DERMATOLOGY, PA 774 CHRISTIANA RD, STE 107 NEWARK, DE 19713	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$269.50
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> BURKEDERM	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.43</b>	<b>Nonpriority creditor's name and mailing address</b> BUTLER HUMAN SERVICES FURNITUR P.O. BOX 230 ARCHBOLD, OH 43502	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$22,233.25
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> BUTLERFUR	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.44</b>	<b>Nonpriority creditor's name and mailing address</b> BUTLER LANDSCAPING 431 FIELD BROOK DR MAGNOLIA, DE 19962	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,145.00
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> BUTLAN	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.45</b>	<b>Nonpriority creditor's name and mailing address</b> BWS REALTY GROUP P.O. BOX 138 TOWNSEND, DE 19734	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$50.00
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> BWSREALTY	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.46</b>	<b>Nonpriority creditor's name and mailing address</b> C&S COMPUTER CONSULTING INC 406 SUBURBAN DR NEWARK, DE 19711	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$9,295.10
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> C&SCO	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.47</b>	<b>Nonpriority creditor's name and mailing address</b> CALVERT COMFORT HEATING & COOL 410 MECO DR WILMINGTON, DE 19804	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$22,300.00
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CALVERT	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.48</b>	<b>Nonpriority creditor's name and mailing address</b> CAMDEN -WYOMING SEWER & WATER A P.O. BOX 405 CAMDEN, DE 19934	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,520.42
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CAMDEN	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.49</b>	<b>Nonpriority creditor's name and mailing address</b> CANON FINANCIAL SERVICES, INC P.O. BOX 4004 CAROL STREAM, IL 60197-4004	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$20,593.83
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CANFIN	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.50</b>	<b>Nonpriority creditor's name and mailing address</b> CAPE ENT 18947 JOHN J WILLIAMS HWY REHOBETH BEACH, DE 19971	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$344.96
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CAPENT	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.51</b>	<b>Nonpriority creditor's name and mailing address</b> CARDMEMBER SERVICES P.O. BOX 790408 ST. LOUIS, MO 63179-0408	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$11,384.91
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CMBS	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.52</b>	<b>Nonpriority creditor's name and mailing address</b> CAROLINE GRANT C/O GARY S NITSCHE 305 N UNION ST, 2ND FL WILMINGTON, DE 19805	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> LITIGATION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.53</b>	<b>Nonpriority creditor's name and mailing address</b> CARROLL PROPERTIES,LLC C/O EMORY HILL REAL ESTATE SERVICES, INC 10 CORPORATE CIR, STE 100 NEW CASTLE, DE 19720	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$258,776.24
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CARROLLPRO	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.54</b>	<b>Nonpriority creditor's name and mailing address</b> CASON-BUSH C/O RONALD G POLIQUIN 155 S BRADFORD ST, STE 203 DOVER, DE 19904	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> LITIGATION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.55</b>	<b>Nonpriority creditor's name and mailing address</b> CATHOLIC CHARITIES INC THRIFT CENTER WILMINGTON, DE 19802	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$543.00
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CATCHA-RR	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.56</b>	<b>Nonpriority creditor's name and mailing address</b> CCHS CARDIAC SERVICES P.O. BOX 30170 WILMINGTON, DE 19805-7170	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,957.21
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CCHSCARDIA	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.57</b>	<b>Nonpriority creditor's name and mailing address</b> CCHS CHIEF SURG SERVICES P.O. BOX 30170 WILMINGTON, DE 19805-7170	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$51.35
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CCHSCHIEF	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.58</b>	<b>Nonpriority creditor's name and mailing address</b> CCHS GASTROENTEROLOGY P.O. BOX 30170 WILMINGTON, DE 19805	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$389.19
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CCHSGASTRO	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.59</b>	<b>Nonpriority creditor's name and mailing address</b> CCHS HOSPITALISTS P.O. BOX 30170 WILMINGTON, DE 19805	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,683.02
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CCHSHOSP	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.60</b>	<b>Nonpriority creditor's name and mailing address</b> CCHS IMAGING P.O. BOX 30170 WILMINGTON, DE 19805	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$126.78
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CCHSIMAG	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.61</b>	<b>Nonpriority creditor's name and mailing address</b> CCHS INTERVENTIONAL RAD P.O. BOX 30170 WILMINGTON, DE 19805	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$25.85</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CCHSINTRAD	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.62</b>	<b>Nonpriority creditor's name and mailing address</b> CCHS NEUROLOGY SPECIALIST P.O. BOX 30170 WILMINGTON, DE 19805	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$369.03</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CCHSNEURO	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.63</b>	<b>Nonpriority creditor's name and mailing address</b> CCHS OB GYN P.O. BOX 30170 WILMINGTON, DE 19805-7170	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$709.42</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CCHSOBGYN	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.64</b>	<b>Nonpriority creditor's name and mailing address</b> CCHS ONCOLOGY P.O. BOX 30170 WILMINGTON, DE 19805	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$220.74</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CCHSONCO	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.65</b>	<b>Nonpriority creditor's name and mailing address</b> CCHS PULMONARY ASSOCIATES P.O. BOX 30170 WILMINGTON, DE 19805-7170	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$75.69
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CCHSPULMO	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.66</b>	<b>Nonpriority creditor's name and mailing address</b> CCHS SURGERY P.O. BOX 30170 WILMINGTON, DE 19805	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$73.54
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CCHSURGERY	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.67</b>	<b>Nonpriority creditor's name and mailing address</b> CCHS VASCULAR SURGERY P.O. BOX 30170 WILMINGTON, DE 19805	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,102.79
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CCHSVASCUL	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.68</b>	<b>Nonpriority creditor's name and mailing address</b> CENTER FOR ADVANCED SURGICAL A 2710 CENTERVILLE RD, STE 100 WILMINGTON, DE 19808-1652	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,760.77
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CENTERFORA	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.69</b>	<b>Nonpriority creditor's name and mailing address</b> CENTRAL MANAGEMENT SERVICES LL P.O. BOX 737 LAKEWOOD, NJ 08701	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,150.00
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CENMAN	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.70</b>	<b>Nonpriority creditor's name and mailing address</b> CENTURION OF FLORIDA, LLC 7700 FORSYTH BLVD, 6TH FL CLAYTON, MO 63105	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$27,500.00
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CENTURFLA	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.71</b>	<b>Nonpriority creditor's name and mailing address</b> CHARDONNAY DIALYSIS, INC 807 W FAIRCHILD DANVILLE, IL 61832	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$28,440.00
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CHARDONNAY	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.72</b>	<b>Nonpriority creditor's name and mailing address</b> CHARLENE GREEN C/O STEPHEN A HAMPTON 6 N BRADFORD ST DOVER, DE 19904	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> LITIGATION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.73</b>	<b>Nonpriority creditor's name and mailing address</b> CHARLES WANG MD PA 1700 WAWASET ST WILMINGTON, DE 19806-2142	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$7,585.69</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> WANGCH	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.74</b>	<b>Nonpriority creditor's name and mailing address</b> CHAUNCEY W PINKSTON, JR V CONNECTIONS ET AL	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>UNKNOWN</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> LITIGATION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.75</b>	<b>Nonpriority creditor's name and mailing address</b> CHESAPEAKE UTILITIES P.O. BOX 826531 PHILADELPHIA, PA 19182-6531	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$152.05</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CHESCLIENT	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.76</b>	<b>Nonpriority creditor's name and mailing address</b> CHIMES METRO, INC 4815 SETON DR BALTIMORE, MD 21215	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$798.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CHIMES	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.77</b>	<b>Nonpriority creditor's name and mailing address</b> CHRISTIANA CARE HEALTH SERVICE 200 HYGEIA DR NEWARK, DE 19713	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,990,314.87</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CHRISCARE	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.78</b>	<b>Nonpriority creditor's name and mailing address</b> CHRISTIANA CARE ORAL MAXILLOFA 501 W 14TH ST WILMINGTON, DE 19801-1013	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$619.24</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CCOMF	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.79</b>	<b>Nonpriority creditor's name and mailing address</b> CHRISTIANA PSYCHIATRIC SERVICE 4745 OGLETON STANTON RD NEWARK, DE 19713	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$10,400.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CHPSYCHIA	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.80</b>	<b>Nonpriority creditor's name and mailing address</b> CHRISTIANA SPINE CENTER PA 4745 OGLETON STANTON RD, STE 3302 NEWARK, DE 197132094	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$148.73</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CHRISSPINE	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

3.81	<b>Nonpriority creditor's name and mailing address</b> CHRISTOPHER WEST C/O STEPHEN A HAMPTON 6 N BRADFORD ST DOVER, DE 19904	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> LITIGATION	
	<b>Last 4 digits of account number</b> 	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.82	<b>Nonpriority creditor's name and mailing address</b> CITY OF DOVER P.O. BOX 475 DOVER, DE 19903	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$360.00
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CITDOVE	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.83	<b>Nonpriority creditor's name and mailing address</b> CITY OF HARRINGTON 106 DORMAN ST HARRINGTON, DE 19952	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,033.86
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CITYHARR	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.84	<b>Nonpriority creditor's name and mailing address</b> CITY OF MILFORD P.O. BOX 159 MILFORD, DE 19963	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,043.54
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CITMILFORD	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

3.85	<b>Nonpriority creditor's name and mailing address</b> CITY OF WILMINGTON DEPARTMENT OF FINANCE WILMINGTON, DE 19886-5577	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$109.73
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CITWIL	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.86	<b>Nonpriority creditor's name and mailing address</b> CITY OF WILMINGTON P.O. BOX 15377 WILMINGTON, DE 19850-5377	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$110.00
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CITYWIL	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.87	<b>Nonpriority creditor's name and mailing address</b> CITY OF WILMINGTON-FINANCE DEPARTMENT OF FINANCE WILMINGTON, DE 19886-5577	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$139.61
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CITO FW	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.88	<b>Nonpriority creditor's name and mailing address</b> CITY OF WILMINGTON-REVENUE ATTN: DIVISION OF REVENUE WILMINGTON, DE 19886-5526	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$13,424.31
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CITWI	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.89</b>	<b>Nonpriority creditor's name and mailing address</b> CITY WIDE HOUSING LLC P.O. BOX 3158 NEWPORT, DE 19804	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,950.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CITWID	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.90</b>	<b>Nonpriority creditor's name and mailing address</b> CITY WIDE HOUSING LLC P.O. BOX 3158 NEWPORT, DE 19804	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,950.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CITWID	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.91</b>	<b>Nonpriority creditor's name and mailing address</b> CLASSIC PROPERTY MANAGEMENT P.O. BOX 928 MIDDLETOWN, DE 19709	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$3,821.15</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CLASPPROP	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.92</b>	<b>Nonpriority creditor's name and mailing address</b> CLEAN DELAWARE, LLC P.O. BOX 123 MILTON, DE 19968	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$489.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CLEAN	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.93</b>	<b>Nonpriority creditor's name and mailing address</b> CMI ELECTRIC, INC 83A ALBE DR NEWARK, DE 19702	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$633.75</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CMI	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.94</b>	<b>Nonpriority creditor's name and mailing address</b> CNMRI,PA 1074 S STATE ST DOVER, DE 19901-6925	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,169.32</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CNMRI	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.95</b>	<b>Nonpriority creditor's name and mailing address</b> COLOGUARD 27277 NETWORK PL CHICAGO, IL 60673-1272	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$13,579.39</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> COLOG	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.96</b>	<b>Nonpriority creditor's name and mailing address</b> COLONIAL PARKING INC 715 ORANGE ST WILMINGTON, DE 19801	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$4,840.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> COLPAR	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

3.97	<b>Nonpriority creditor's name and mailing address</b> COMMERCIAL CLEANING SERVICES P.O. BOX 362 CLAYMONT, DE 19703	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$13,711.99
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> COMMCL	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.98	<b>Nonpriority creditor's name and mailing address</b> COMMUNITY ECONSULT NETWORK 635 MAIN ST MIDDLETOWN, CT 06457	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,340.00
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CECN	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.99	<b>Nonpriority creditor's name and mailing address</b> COMMUNITY LEGAL AID SOCIETY, I 100 W 10TH ST, STE 801 WILMINGTON, DE 19801	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$21,349.40
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CLAS	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.100	<b>Nonpriority creditor's name and mailing address</b> CONNECTIONS CSP-CLIENT ACCT	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,056.69
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CONNCL	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.101</b>	<b>Nonpriority creditor's name and mailing address</b> CONNECTIONS TRUST	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$968.00
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CONNECTION	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.102</b>	<b>Nonpriority creditor's name and mailing address</b> CORPORATION SERVICE COMPANY P.O. BOX 13397 PHILADELPHIA, PA 19101-3397	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$487.00
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CSC	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.103</b>	<b>Nonpriority creditor's name and mailing address</b> CROZER TAYLOR SPRINGFIELD ONE MEDICAL CENTER BLVD UPPLAND, PA 19013	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$22,944.00
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CROTAY	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.104</b>	<b>Nonpriority creditor's name and mailing address</b> DANIEL M WOODS C/O JAMES T VAUGHN CORRECTIONAL CENTER 1181 PADDOCK RD SMYRNA, DE 19977	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> LITIGATION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.105</b>	<b>Nonpriority creditor's name and mailing address</b> DE DIVISION OF CHILD SUPPORT ENFORCEMENT WILMINGTON, DE 19850	<b>As of the petition filing date, the claim is:</b> \$623.80
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Date or dates debt was incurred</b> Various	
	<b>Last 4 digits of account number</b> DIVICH	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.106</b>	<b>Nonpriority creditor's name and mailing address</b> DE LAGE LANDEN FINANCIAL SERV PHILADELPHIA, PA 19101-1601	<b>As of the petition filing date, the claim is:</b> \$15,110.59
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Date or dates debt was incurred</b> Various	
	<b>Last 4 digits of account number</b> DELAG	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.107</b>	<b>Nonpriority creditor's name and mailing address</b> DE MEDICAL CARE ASSOCIATES 550 STANTON CHRISTIANA RD NEWARK, DE 19713	<b>As of the petition filing date, the claim is:</b> \$109.71
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Date or dates debt was incurred</b> Various	
	<b>Last 4 digits of account number</b> DEMEDICAL	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.108</b>	<b>Nonpriority creditor's name and mailing address</b> DEBORAH USHERY 298 S PROGRESS AVE HARRISBURG, PA 17109	<b>As of the petition filing date, the claim is:</b> \$150.00
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Date or dates debt was incurred</b> Various	
	<b>Last 4 digits of account number</b> USHDEB	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.109</b>	<b>Nonpriority creditor's name and mailing address</b> DEL LAWN LLC 207 JACKSON BLVD WILMINGTON, DE 19803	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$65,044.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> GILEN	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.110</b>	<b>Nonpriority creditor's name and mailing address</b> DEL-MAR APPLIANCE 230 S GOVERNORS AVE DOVER, DE 19904	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$250.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> DEL-MAR	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.111</b>	<b>Nonpriority creditor's name and mailing address</b> DELAWARE ANES ASSOCIATES PA P.O. BOX 512496 PHILADELPHIA, PA 19175-2496	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,217.82</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> DELANES	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.112</b>	<b>Nonpriority creditor's name and mailing address</b> DELAWARE CARDIOVASCULAR ASSOCI 1403 FOULK RD, STE 101A WILMINGTON, DE 19803	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$176.31</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> DELCARDIO	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.113</b>	<b>Nonpriority creditor's name and mailing address</b> DELAWARE COASTAL ANESTHESIA P.O. BOX 298 MAGNOLIA, DE 19962	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,026.86</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> DECOASTANE	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.114</b>	<b>Nonpriority creditor's name and mailing address</b> DELAWARE COUNTY LINEN P.O. BOX 1364 LINWOOD, PA 19061	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$46,134.29</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> DELCLINEN	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.115</b>	<b>Nonpriority creditor's name and mailing address</b> DELAWARE CTR FOR MATERNAL & FE ONE CENTURIAN DR, STE 312 NEWARK, DE 19713-2127	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$10,549.02</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> DCMFM	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.116</b>	<b>Nonpriority creditor's name and mailing address</b> DELAWARE ELEVATOR SERVICE, INC 2210 ALLEN DR SALISBURY, MD 21801	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,836.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> DELELEVATE	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.117</b>	<b>Nonpriority creditor's name and mailing address</b> DELAWARE EYE CARE CENTER, PA 833 S GOVERNORS AVE DOVER, DE 19904	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$15,980.68</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> DELEYECARE	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.118</b>	<b>Nonpriority creditor's name and mailing address</b> DELAWARE OPEN MRI RADIOLOGY AS P.O. BOX 827275 PHILADELPHIA, PA 19182-7275	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$74.03</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> DEOPENMRI	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.119</b>	<b>Nonpriority creditor's name and mailing address</b> DELAWARE PAIN & SPINE CENTER,I UDAY UTHAMAN, MD WILMINGTON, DE 19808-5536	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$359.95</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> DELSPINE	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.120</b>	<b>Nonpriority creditor's name and mailing address</b> DELAWARE PODIATRIC MEDICINE,PA 22 OLD RUDNICK LN DOVER, DE 19901	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$321.69</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> DELPODIA	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.121</b>	<b>Nonpriority creditor's name and mailing address</b> DELAWARE PROPERTY MANAGEMENT 1101 MILLSTONE DR NEWARK, DE 19711	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,259.34</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> DPM	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.122</b>	<b>Nonpriority creditor's name and mailing address</b> DELAWARE STATE POLICE ATTN DEPT OF PUBLIC SAFETY DOVER, DE 19903	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$325.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> DSP	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.123</b>	<b>Nonpriority creditor's name and mailing address</b> DELaware SURGERY CENTER 200 BANNING ST, STE 110 DOVER, DE 19904-3486	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,076.38</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> DELSURGERY	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.124</b>	<b>Nonpriority creditor's name and mailing address</b> DELAWARE SURGICAL GROUP 1941 LIMESTONE RD, STE 213 WILMINGTON, DE 19808-5434	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$191.49</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> DELSURGIC	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.125</b>	<b>Nonpriority creditor's name and mailing address</b> DELAWARE VALLEY RETIREMENT, IN 21 CHESTER PIKE RIDLEY PARK, PA 19078	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$4,406.25</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> DEVALR	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.126</b>	<b>Nonpriority creditor's name and mailing address</b> DELMAR TERMITE & PEST CONTROL 1116 S RODNEY ST WILMINGTON, DE 19805	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$15,925.14</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> DELMAR	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.127</b>	<b>Nonpriority creditor's name and mailing address</b> DELMARVA APPLIED NEURO SOLUTIO 811 BRANDYWINE BLVD WILMINGTON, DE 19809	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$17,200.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> DELAPPLIED	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.128</b>	<b>Nonpriority creditor's name and mailing address</b> DELMARVA LINEN SERVICE 309 TRUITT ST SALISBURY, MD 21801	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$5,569.80</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> DELMARLIN	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.129</b>	<b>Nonpriority creditor's name and mailing address</b> DELMARVA POWER P.O. BOX 13609 PHILADELPHIA, PA 19101	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,769.79</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> DELMARVAP0	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.130</b>	<b>Nonpriority creditor's name and mailing address</b> DELMARVA POWER P.O. BOX 13609 PHILADELPHIA, PA 19101	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$10,105.15</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> DELPOW	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.131</b>	<b>Nonpriority creditor's name and mailing address</b> DELMARVA RADIOLOGY PA 918 EASTERN SHORE DR SALISBURY, MD 21804-6410	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$52.54</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> DELRAD	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.132</b>	<b>Nonpriority creditor's name and mailing address</b> DELTA ETA CORP 1101 MILLSTONE DR NEWARK, DE 19711	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$10,600.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> DELTAEETA	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

3.133	<b>Nonpriority creditor's name and mailing address</b>  DENNIS DAISEY C/O MICHAEL F MCGROERTY, PA 110 N PINE ST SEAFORD, DE 19973	<b>As of the petition filing date, the claim is:</b>  <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
	<b>Date or dates debt was incurred</b>  Last 4 digits of account number	<b>Basis for the claim:</b>  LITIGATION	
		<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.134	<b>Nonpriority creditor's name and mailing address</b>  DEVIN L COLEMAN 1301 E 12TH ST P.O. BOX 9561 WILMINGTON, DE 19809	<b>As of the petition filing date, the claim is:</b>  <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
	<b>Date or dates debt was incurred</b>  Last 4 digits of account number	<b>Basis for the claim:</b>  LITIGATION	
		<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.135	<b>Nonpriority creditor's name and mailing address</b>  DOCTOR'S PATHOLOGY SERVICES, PA 1253 COLLEGE PARK DR DOVER, DE 19904	<b>As of the petition filing date, the claim is:</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$56,915.56
	<b>Date or dates debt was incurred</b>  Various	<b>Basis for the claim:</b>  ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b>  DOCTORPATH	<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.136	<b>Nonpriority creditor's name and mailing address</b>  DONALD DUROSS C/O RONALD GEORGE POLIQUIN 1475 SOUTH GOVERNORS AVE DOVER, DE 19904	<b>As of the petition filing date, the claim is:</b>  <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
	<b>Date or dates debt was incurred</b>  Last 4 digits of account number	<b>Basis for the claim:</b>  LITIGATION	
		<b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.137</b>	<b>Nonpriority creditor's name and mailing address</b> DORSEY S PARKER 239 GRINDING WHEEL DR DOVER, DE 19904	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>UNKNOWN</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> LITIGATION	
	<b>Last 4 digits of account number</b> DOVERPULMO	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.138</b>	<b>Nonpriority creditor's name and mailing address</b> DOVER PULMONARY, PA 530 S STATE ST, STE 107-A DOVER, DE 19901	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$40.39</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> DOVERPULMO	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.139</b>	<b>Nonpriority creditor's name and mailing address</b> DREW WARD 25051 WARD FASRM LN MILLSBORO, DE 19966	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,200.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> DREW WARD	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.140</b>	<b>Nonpriority creditor's name and mailing address</b> DRUMMOND PLAZA ASSOCIATES C/O FIN & CONSULTING SVCS INC WILMINGTON, DE 19804	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$168,688.72</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> DRUPLA	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.141</b>	<b>Nonpriority creditor's name and mailing address</b> DWIGHT L SHIVERS JR C/O JAMES T VAUGHN CORRECTIONAL CENTER 1181 PADDOCK RD SMYRNA, DE 19977	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>UNKNOWN</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> LITIGATION	
	<b>Last 4 digits of account number</b> DYNAMIC	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.142</b>	<b>Nonpriority creditor's name and mailing address</b> DYNAMIC MOBILE IMAGING 1100 WELBORNE RD HENRICO, VA 23229	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$41,587.50</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> DYNAMIC	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.143</b>	<b>Nonpriority creditor's name and mailing address</b> ED HENRY'S AUTO BODY 2300 W 4TH ST WILMINGTON, DE 19805	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$10,768.18</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> EDHENRY	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.144</b>	<b>Nonpriority creditor's name and mailing address</b> ELMS MAINTENANCE ASSOCIATION 2202 LONDON WAY NEWARK, DE 19713	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$4,925.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> ELMSMAINT	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.145</b>	<b>Nonpriority creditor's name and mailing address</b> EMERALD BUSINESS SUPPLY 4807 ASHBURNER ST PHILADELPHIA, PA 19136-2901	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,694.21
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> EMERALD	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.146</b>	<b>Nonpriority creditor's name and mailing address</b> EMERGENCY PHYSICIAN ASSOCIATES P.O. BOX 636364 CINCINNATI, OH 45263-6364	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$18,893.94
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> EMERPHY	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.147</b>	<b>Nonpriority creditor's name and mailing address</b> EMERGENCY REPOSE PROTOCOL, LLC 101 W AYRE ST WILMINGTON, DE 19804	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$399.80
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> EMERGREPON	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.148</b>	<b>Nonpriority creditor's name and mailing address</b> ENDOCRINOLOGY CONSULTANT PA 111 WOLF CREEK BLVD, STE 3 DOVER, DE 19901-4969	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$189.33
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> ENDOCRIN	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.149</b>	<b>Nonpriority creditor's name and mailing address</b> ERANGA CARDIOLOGY, PA 200 BANNING ST, STE 310 DOVER, DE 19904-3488	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$74.39
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> ERANGA	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.150</b>	<b>Nonpriority creditor's name and mailing address</b> ERIC M KRISE ELECTRICAL CONT 80 BOARD ST ELMER, NJ 08318	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$360.06
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> KRISEELE	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.151</b>	<b>Nonpriority creditor's name and mailing address</b> EXCEL BUSINESS 201 RUTHAR DR NEWARK, DE 19711	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,132.98
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> EXCEL	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.152</b>	<b>Nonpriority creditor's name and mailing address</b> EYE PHYSICIANS AND SURGEONS 1207 NORTHSIDE ST WILMINGTON, DE 19806	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$17,390.80
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> EYEPHYSIA	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.153</b>	<b>Nonpriority creditor's name and mailing address</b> FANTA SCHWARZ 514 W HUMMOCK LN NEWARK, DE 19702	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$67.76</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> SCHFAN	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.154</b>	<b>Nonpriority creditor's name and mailing address</b> FIDELITY INVESTMENT CO REMITTANCE PROCESSING RMS, 4TH FL NEW YORK, NY 10281-1003	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$112.33</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> FIDIN	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.155</b>	<b>Nonpriority creditor's name and mailing address</b> FIRST STATE COMMUNITY LOAN FND 100 W 10TH ST WILMINGTON, DE 19801	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,612.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> FIRSTST	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.156</b>	<b>Nonpriority creditor's name and mailing address</b> FIRST STATE EMPLOYMENT SERVICE P.O. BOX 26327 WILMINGTON, DE 19899	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$3,200.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> FSES	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.157</b>	<b>Nonpriority creditor's name and mailing address</b> FIRST STATE ORTHOPAEDICS, PA 4745 OGLETOWN STANTON RD NEWARK, DE 19713-1338	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$16,773.40</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> FIRSTORTH	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.158</b>	<b>Nonpriority creditor's name and mailing address</b> FIRST STATE SURGERY CENTER LLC 1000 TWIN C LANE, STE 310 NEWARK, DE 19713	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$115,366.18</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> FIRSTSURGE	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.159</b>	<b>Nonpriority creditor's name and mailing address</b> FOOD BANK OF DELAWARE 222 LAKE DR NEWARK, DE 19702	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$735.81</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> FOODBA	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.160</b>	<b>Nonpriority creditor's name and mailing address</b> FOOD EQUIPMENT SERVICE 3316A OLD CAPITAL TRAIL WILMINGTON, DE 19808	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$4,557.30</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> FS FOODEQ	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.161</b>	<b>Nonpriority creditor's name and mailing address</b> FREDERICK W SMITH, JR 1301 E 12TH ST P.O. BOX 9561 WILMINGTON, DE 19809	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>UNKNOWN</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> LITIGATION	
	<b>Last 4 digits of account number</b> HUFGA	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.162</b>	<b>Nonpriority creditor's name and mailing address</b> GABRIEL HUFFORD 1704 GREEN LN WILMINGTON, DE 19810	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$200.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> HUFGA	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.163</b>	<b>Nonpriority creditor's name and mailing address</b> GALLAGHER BASSETT SERVICES INC 2850 GOLF RD ROLLING MEADOWS, IL 60008	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$533,403.30</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> WESTERN	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.164</b>	<b>Nonpriority creditor's name and mailing address</b> GARDEN STATE DUST CONTROL INC 7007 ROUTE 38 PENNSAUKEN, NJ 08109	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$835.20</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> GARST	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.165</b>	<b>Nonpriority creditor's name and mailing address</b> GENOA HEALTHCARE P.O. BOX 77030 MINNEAPOLIS, MN 55480-0773	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,191.42
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> GENOA	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.166</b>	<b>Nonpriority creditor's name and mailing address</b> GEORGE B SHAW SUSSEX CORRECTIONAL INSTITUTION SCI, MERIT BLDG P.O. BOX 500 GEORGETOWN, DE 19947	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> LITIGATION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.167</b>	<b>Nonpriority creditor's name and mailing address</b> GI CONSULTANTS DOVER 810 NEW BURTON RD, STE 1 DOVER, DE 19904	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,498.35
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> GICONSUL	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.168</b>	<b>Nonpriority creditor's name and mailing address</b> GI CONSULTANTS, LLC 810 NEW BURTON RD DOVER, DE 19904	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$267.46
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> GOCONSULT	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.169</b>	<b>Nonpriority creditor's name and mailing address</b> GLASS DOCTOR OF DELAWARE 13 KING CT, STE 1 NEW CASTLE, DE 19720	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$586.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> GLASSDOC	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.170</b>	<b>Nonpriority creditor's name and mailing address</b> GORDON FOOD SERVICE INC P.O. BOX 88029 CHICAGO, IL 60680-1029	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$59,367.54</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> FS GORDON	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.171</b>	<b>Nonpriority creditor's name and mailing address</b> GREGG E WILSON & MICHELLE A 9 ST ANDREWS CIRC CRESTED BUTTE, CO 81224	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,569.57</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> WILSGREG	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.172</b>	<b>Nonpriority creditor's name and mailing address</b> H & R HEATING AND A/C, INC 7 KING CRT NEW CASTLE, DE 19720	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$165.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> H&RHEATING	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.173</b>	<b>Nonpriority creditor's name and mailing address</b> HALPERN MEDICAL SERVICES, LLC 200 BANNING ST, STE 130 DOVER, DE 19904	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$8,866.24
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> HALPERN	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.174</b>	<b>Nonpriority creditor's name and mailing address</b> HARBOUR TEXTILE RENTAL SERVICE 17 HARBOR VIEW DR NEW CASTLE, DE 19720-2179	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$10,155.31
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> HARBTEXT	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.175</b>	<b>Nonpriority creditor's name and mailing address</b> HARTMAN V CONNECTIONS ET AL	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> LITIGATION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.176</b>	<b>Nonpriority creditor's name and mailing address</b> HEM ONC DCLP 4701 OGLETON STANTON RD NEWARK, DE 19713-2072	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$109.71
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> HEMONC	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.177</b>	<b>Nonpriority creditor's name and mailing address</b> HENRY SCHEIN 135 DURYEA RD MELVILLE, NY 11747	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$12,238.55</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> HENRYSCH	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.178</b>	<b>Nonpriority creditor's name and mailing address</b> HERITAGE BUSINESS SYSTEMS P.O. BOX 41602 PHILADELPHIA, PA 19101-1602	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$7,278.97</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> HBS2	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.179</b>	<b>Nonpriority creditor's name and mailing address</b> HERITAGE BUSINESS SYSTEMS, INC P.O. BOX 684 PENNSAUKEN, NJ 08110	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$15,250.73</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> HBS	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.180</b>	<b>Nonpriority creditor's name and mailing address</b> HERMIONE KELLY IVY WINTER SUSSEX CORRECTIONAL INSTITUTION SCI, MERIT BLDG P.O. BOX 500 GEORGETOWN, DE 19947	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>UNKNOWN</b>
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> LITIGATION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.181</b>	<b>Nonpriority creditor's name and mailing address</b> HETRICK-DRAKE ASSOCIATES, INC 2018 DUNCAN RD WILMINGTON, DE 19808	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$285.95
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> HETRICK-DR	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.182</b>	<b>Nonpriority creditor's name and mailing address</b> HOFFMAN'S EXTERMINATING CO IN 532 BRIDGETON PIKE MANTUA, NJ 08051	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,025.00
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> HOFFMAN	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.183</b>	<b>Nonpriority creditor's name and mailing address</b> HOME DEPOT P.O. BOX 78047 PHEONIX, AZ 85062	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$631.12
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> HOMEDE	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.184</b>	<b>Nonpriority creditor's name and mailing address</b> HOOPES FIRE PREVENTION, INC 124 SANDY DR NEWARK, DE 19713	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$721.29
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> HOOPES	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.185</b>	<b>Nonpriority creditor's name and mailing address</b> HOSPITALIST MEDICINE P.O. BOX 740590 LOS ANGELES, CA 90074-0590	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$204.50
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> HOSPITALIS	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.186</b>	<b>Nonpriority creditor's name and mailing address</b> HUTCHISON C/O STEPHEN A HAMPTON 6 N BRADFORD ST DOVER, DE 19904	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> LITIGATION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.187</b>	<b>Nonpriority creditor's name and mailing address</b> HY POINT FARMS INC 425 BEAVER VALLEY RD WILMINGTON, DE 19803	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$9,035.90
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> FS HYPO	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.188</b>	<b>Nonpriority creditor's name and mailing address</b> IGNITION INNOVATIONS 605 HILLSIDE AVE WILMINGTON, DE 19805	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$180.00
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> IGNITIONIN	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.189</b>	<b>Nonpriority creditor's name and mailing address</b> INFINITY SEARCH GROUP 761 W SPROUL RD, STE 103 SPRINGFIELD, PA 19064	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$66,016.67</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> INFINITY	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.190</b>	<b>Nonpriority creditor's name and mailing address</b> INPATIENT CONSULTANTS OF DELAW P.O. BOX 844923 LOS ANGELES, CA 90084-4923	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$3,384.77</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> INPATIENT	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.191</b>	<b>Nonpriority creditor's name and mailing address</b> INTELLITEC SOLUTIONS P.O. BOX 4080 WILMINGTON, DE 19807-0080	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,520.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> INTSO	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.192</b>	<b>Nonpriority creditor's name and mailing address</b> INTERNAL REVENUE SERVICE ACS P.O. BOX 57 BENSALEM, PA 19020-9980	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$20.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> IRS	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

3.193	<b>Nonpriority creditor's name and mailing address</b> ITDATA INC 1628 JFK BLVD, STE 2110 PHILADELPHIA, PA 19103	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$60,600.00
<b>Date or dates debt was incurred</b> Various		<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
<b>Last 4 digits of account number</b> ITDATA		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.194	<b>Nonpriority creditor's name and mailing address</b> JACK LINGO, INC REALTOR 28442 DUPONT BLVD MILLSBORO, DE 19966	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$244.50
<b>Date or dates debt was incurred</b> Various		<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
<b>Last 4 digits of account number</b> JACKLINGO		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.195	<b>Nonpriority creditor's name and mailing address</b> JACQUES MOREAU 2100 LONDON WAY, STE 4 NEWARK , DE 19713	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
<b>Date or dates debt was incurred</b>		<b>Basis for the claim:</b> LITIGATION	
<b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.196	<b>Nonpriority creditor's name and mailing address</b> JAMES DOUGLAS THOMAS RIDER SUSSEX CORRECTIONAL INSTITUTION SCI, MERIT BLDG P.O. BOX 500 GEORGETOWN, DE 19947	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
<b>Date or dates debt was incurred</b>		<b>Basis for the claim:</b> LITIGATION	
<b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

3.197	<b>Nonpriority creditor's name and mailing address</b> JANINE GROSSNICKLE C/O CHRISTOFER JOHNSON, ESQ 704 N KING ST, STE 600 WILMINGTON, DE 19801	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION	UNKNOWN
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.198	<b>Nonpriority creditor's name and mailing address</b> JOHN KEVIN ZUTELL 1 1/2 PROSPERITY RD NEW CASTLE, DE 19720	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION	UNKNOWN
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.199	<b>Nonpriority creditor's name and mailing address</b> JOHNNY JANOSIK, INC 11151 TRUSSUM POND RD LAUREL, DE 19956	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ACCOUNTS PAYABLE	\$3,088.86
	<b>Date or dates debt was incurred</b> Various  <b>Last 4 digits of account number</b> JOHJAN	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.200	<b>Nonpriority creditor's name and mailing address</b> JONATHAN S JOHNSON C/O JAMES T VAUGHN CORRECTIONAL CENTER 1181 PADDOCK RD SMYRNA, DE 19977	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> LITIGATION	UNKNOWN
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.201</b>	<b>Nonpriority creditor's name and mailing address</b> JONATHAN SWIFT C/O BARTHOLOMEW J DALTON 1106 W 10TH ST WILMINGTON, DE 19806	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>UNKNOWN</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> LITIGATION	
	<b>Last 4 digits of account number</b> Thornton	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.202</b>	<b>Nonpriority creditor's name and mailing address</b> JOSEPH JTHORNTON 774 CHRISTIANA RD, STE 101 NEWARK, DE 19713-4248	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$5,509.02</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> Thornton	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.203</b>	<b>Nonpriority creditor's name and mailing address</b> KAMILLA LONDON C/O STEPHEN B BRAUERMAN 600 N KING ST, STE 400 WILMINGTON, DE 19801	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>UNKNOWN</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> LITIGATION	
	<b>Last 4 digits of account number</b> Thornton	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.204</b>	<b>Nonpriority creditor's name and mailing address</b> KCI USA P.O. BOX 301557 DALLAS, TX 75303-1557	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$7,199.92</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> KCI	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.205</b>	<b>Nonpriority creditor's name and mailing address</b> KEEN COMPRESSED GAS CO P.O. BOX 15151 WILMINGTON, DE 19850-5151	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$253.90
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> KEENGAS	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.206</b>	<b>Nonpriority creditor's name and mailing address</b> KENDALL MAURICE SMITH, III C/O JAMES T VAUGHN CORRECTIONAL CENTER 1181 PADDOCK RD SMYRNA, DE 19977	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> LITIGATION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.207</b>	<b>Nonpriority creditor's name and mailing address</b> KENT DIAGNOSTIC RADIOLOGY P.O. BOX 3798 PEORIA, IL 61612-3798	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,817.38
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> KENTDI	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.208</b>	<b>Nonpriority creditor's name and mailing address</b> KEVIN H BOONE 1301 E 12TH ST P.O. BOX 9561 WILMINGTON, DE 19802	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> LITIGATION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.209</b>	<b>Nonpriority creditor's name and mailing address</b> KPA SMYRNA P.O. BOX 62830 BALTIMORE, MD 21264-2830	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$466.85</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> KPASMYRNA	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.210</b>	<b>Nonpriority creditor's name and mailing address</b> KPA-DOVER P.O. BOX 62830 BALTIMORE, MD 21264-2830	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$3,227.67</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> KPADOVER	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.211</b>	<b>Nonpriority creditor's name and mailing address</b> LAB CORP OF AMERICA HOLDINGS P.O. BOX 12140 BURLINGTON, NC 27216-2140	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$51,248.46</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> LABCO	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.212</b>	<b>Nonpriority creditor's name and mailing address</b> LANGUAGE LIAISONS, LLC 322 VILLAGE RD WILMINGTON, DE 19805	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$4,290.55</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> LANGLIASON	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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<b>3.213</b>	<b>Nonpriority creditor's name and mailing address</b> LAUREL FIRE DEPARTMENT P.O. BOX 375 SMYRNA, DE 19977	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$707.80
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> LAURELFIRE	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.214</b>	<b>Nonpriority creditor's name and mailing address</b> LEAF FINANCIAL CORPORATION 1551 N TUSTIN AVE SANTA ANA, CA 92705-6854	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,201.97
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> LEAF	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.215</b>	<b>Nonpriority creditor's name and mailing address</b> LEE TURNER C/O JAMES T VAUGHN CORRECTIONAL CENTER 1181 PADDOCK RD SMYRNA, DE 19977	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> LITIGATION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.216</b>	<b>Nonpriority creditor's name and mailing address</b> LEGACY FOODS P.O. BOX 488 JOPPA, MD 21085	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$10,845.45
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> FS LEGACY	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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<b>3.217</b>	<b>Nonpriority creditor's name and mailing address</b> LEIPSIC FIRE COMPANY ATTN: SHERRI SMYRNA, DE 19977	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,497.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> LEIPSICFIR	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.218</b>	<b>Nonpriority creditor's name and mailing address</b> LEWES SURGERY CENTER 17015 OLD ORCHARD RD LEWES, DE 19958	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$3,917.24</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> LEWESSURG	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.219</b>	<b>Nonpriority creditor's name and mailing address</b> LEXINGTON INSURANCE COMPANY C/O LISA C MCLAUGHLIN 1200 N BROOM ST WILMINGTON, DE 19806	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>UNKNOWN</b>
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> LITIGATION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.220</b>	<b>Nonpriority creditor's name and mailing address</b> LIFE TREE PHARMACY COLLEGEVILLE, PA 19426	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$64,791.72</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> LIFETR	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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<b>3.221</b>	<b>Nonpriority creditor's name and mailing address</b> LINDA DOLAN P.O. BOX 516 MILLSBORO, DE 19966	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,626.57</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> DOLAN	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.222</b>	<b>Nonpriority creditor's name and mailing address</b> LINGO CREEK APARTMENTS 32980 SHOPPES AT LONG NEC BLVD MILLSBORO, DE 19966	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,626.57</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> LINCREAPT	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.223</b>	<b>Nonpriority creditor's name and mailing address</b> LOCUMTENENS P.O. BOX 405547 ATLANTA, GA 30384-5547	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$35.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> LOCUMTEN	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.224</b>	<b>Nonpriority creditor's name and mailing address</b> LOCUMTENENS P.O. BOX 405547 ATLANTA, GA 30384-5547	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$6,258.06</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> LOCUMTEN	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.225	<b>Nonpriority creditor's name and mailing address</b> LUCIUS JONES 1 KELLEY DR COAL TOWNSHIP, PA 17866	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
<b>Date or dates debt was incurred</b>		<b>Basis for the claim:</b> LITIGATION	
<b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.226	<b>Nonpriority creditor's name and mailing address</b> LYNELL B TUCKER C/O JAMES T VAUGHN CORRECTIONAL CENTER 1181 PADDOCK RD SMYRNA, DE 19977	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
<b>Date or dates debt was incurred</b>		<b>Basis for the claim:</b> LITIGATION	
<b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.227	<b>Nonpriority creditor's name and mailing address</b> MANDEL D WALKER 313 JEFFERSON ST MIDDLETOWN, DE 19709	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
<b>Date or dates debt was incurred</b>		<b>Basis for the claim:</b> LITIGATION	
<b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.228	<b>Nonpriority creditor's name and mailing address</b> MARCELLAS HOUSE, LP	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$39,245.20
<b>Date or dates debt was incurred</b> Various		<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
<b>Last 4 digits of account number</b> MARCEL		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

3.229	<b>Nonpriority creditor's name and mailing address</b> Marcia K Lis 901 MC CABE AVE WILMINGTON, DE 19802	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$9,010.00</b>
<b>Date or dates debt was incurred</b> Various		<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
<b>Last 4 digits of account number</b> MARCLALIS		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.230	<b>Nonpriority creditor's name and mailing address</b> Marcus Johnson C/O RONALD G POLIQUIN 155 S BRADFORD ST, STE 203 DOVER, DE 19904	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>UNKNOWN</b>
<b>Date or dates debt was incurred</b>		<b>Basis for the claim:</b> LITIGATION	
<b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.231	<b>Nonpriority creditor's name and mailing address</b> Marcus Johnson 2 C/O RONALD G POLIQUIN 155 S BRADFORD ST, STE 203 DOVER, DE 19904	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>UNKNOWN</b>
<b>Date or dates debt was incurred</b>		<b>Basis for the claim:</b> LITIGATION	
<b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.232	<b>Nonpriority creditor's name and mailing address</b> Marcus Johnson 3 C/O RONALD G POLIQUIN 155 S BRADFORD ST, STE 203 DOVER, DE 19904	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>UNKNOWN</b>
<b>Date or dates debt was incurred</b>		<b>Basis for the claim:</b> LITIGATION	
<b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.233</b>	<b>Nonpriority creditor's name and mailing address</b> MATTHEW JONES 11366 SUSSEX HWY GREENWOOD, DE 19950	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>UNKNOWN</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> LITIGATION	
	<b>Last 4 digits of account number</b> 	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.234</b>	<b>Nonpriority creditor's name and mailing address</b> MAYOR & COUNCIL OF MIDDLETOWN 216 N BROAD ST MIDDLETOWN, DE 19709	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$739.95</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> MAYCO	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.235</b>	<b>Nonpriority creditor's name and mailing address</b> MCKESSON MEDICAL SURGICAL P.O. BOX 933027 ATLANTA, GA 31193-3027	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$71,408.56</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> MCKESSON	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.236</b>	<b>Nonpriority creditor's name and mailing address</b> MEDICAL ONCOLOGY HEMATOLOGY AS 101 E OLNEY AVE, STE 400 PHILADELPHIA, PA 19120	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,438.12</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> MEDICALONC	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.237</b>	<b>Nonpriority creditor's name and mailing address</b> MEDICAL ONCOLOGY HEMATOLOGY CO 4701 OGLETOWN STANTON RD, STE 3400 NEWARK, DE 19713-2055	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$176,798.68</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> MEDIONCO	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.238</b>	<b>Nonpriority creditor's name and mailing address</b> MEDLINE INDUSTRIES, INC P.O. BOX 382075 PITTSBURGH, PA 15251-8075	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$82,091.45</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> MEDLINE	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.239</b>	<b>Nonpriority creditor's name and mailing address</b> MERCEDES SCIENTIFIC P.O. BOX 850001 ORLANDO, FL 32885-0123	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,208.77</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> MERCEDES	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.240</b>	<b>Nonpriority creditor's name and mailing address</b> METTEL P.O. BOX 1056 NEW YORK, NY 10268-1056	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$36,551.87</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> METTEL	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.241</b>	<b>Nonpriority creditor's name and mailing address</b> MID ATLANTIC REALTY CO-RENT CEDARWOOD APTS NEWARK, DE 19713	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$100.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> MIDATL	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.242</b>	<b>Nonpriority creditor's name and mailing address</b> MID SUSSEX MEDICAL CENTER P.O. BOX 824327 PHILADELPHIA, PA 191824327	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,413.51</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> MIDSUSMED	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.243</b>	<b>Nonpriority creditor's name and mailing address</b> MILLSBORO FIRE COMPANY P.O. BOX 363 SMYRNA, DE 19977	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$3,152.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> MILLSBFIREFIRE	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.244</b>	<b>Nonpriority creditor's name and mailing address</b> MINQUADALE FIRE COMPANY 71 OMEGA DR, BLDG D NEWARK, DE 19713-2063	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$9,617.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> MINQUADALE	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.245</b>	<b>Nonpriority creditor's name and mailing address</b> MLM EC INVESTOR LP 892 WOODCREST DR DOVER, DE 19904	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,704.00
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> MLMECINV	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.246</b>	<b>Nonpriority creditor's name and mailing address</b> MOBILEXUSA THE HIGHLANDS SPARKS, MD 21152-9390	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$63,605.22
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> MOBILEX	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.247</b>	<b>Nonpriority creditor's name and mailing address</b> MONITOR DATA CORPORATION P.O. BOX 517 GLENDALE, PA 19038	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,340.34
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> MONITOR	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.248</b>	<b>Nonpriority creditor's name and mailing address</b> MOORE PROPERTIES LLC 135 LAMONT AVE GLENHOLDEN, PA 19036	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,575.00
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> MOOREPROP	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.249</b>	<b>Nonpriority creditor's name and mailing address</b> MOORE PROPERTIES LLC 135 LAMONT AVE GLENHOLDEN, PA 19036	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,575.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> MOOREPROP	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.250</b>	<b>Nonpriority creditor's name and mailing address</b> MORNINGSTAR PROPERTY GROUP 214 W 7TH ST WILMINGTON, DE 19801	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,760.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> MORPROGRO	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.251</b>	<b>Nonpriority creditor's name and mailing address</b> MTMM SOLUTIONS 630 MILLTOWN RD WILMINGTON, DE 19808	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$5,212.50</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> MTMM	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.252</b>	<b>Nonpriority creditor's name and mailing address</b> N CALL RESEARCH INC 363 SAULSBURY RD DOVER, DE 19904-2722	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$56,480.23</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> NCALL	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

3.253	<b>Nonpriority creditor's name and mailing address</b> NAAMANSCAP LLC C/O NICOLE M FARIES 2711 CENTERVILLE RD, STE 401 WILMINGTON, DE 19808	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> LITIGATION	
	<b>Last 4 digits of account number</b> 	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.254	<b>Nonpriority creditor's name and mailing address</b> NANTICOKE CARDIOLOGY PA 200 FEDERAL ST SEAFORD, DE 19973-5764	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$25.76
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> NANTICARDI	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.255	<b>Nonpriority creditor's name and mailing address</b> NANTICOKE GASTROENTEROLOGY 924 MIDDLEFORD RD SEAFORD, DE 19973-3604	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,608.23
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> NANTIGASTR	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.256	<b>Nonpriority creditor's name and mailing address</b> NANTICOKE MEMORIAL HOSPITAL P.O. BOX 824318 PHILADELPHIA, PA 19182-4318	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$13,365.99
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> NANTIMEMOR	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.257</b>	<b>Nonpriority creditor's name and mailing address</b> NANTICOKE SURGICAL CENTER LLC 400 HEALTH SERVICES DR, STE 401 SEAFORD, DE 19973	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,344.20
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> NANSURG	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.258</b>	<b>Nonpriority creditor's name and mailing address</b> NATIONAL ELEVATOR INSPECTION P.O. BOX 503067 ST LOUIS, MO 63150-3067	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$93.50
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> NATIEL	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.259</b>	<b>Nonpriority creditor's name and mailing address</b> NATIONAL EYE CARE 2264 SARANAC AVE LAKE PLACID, NY 12946	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$91,190.62
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> NATEYECARE	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.260</b>	<b>Nonpriority creditor's name and mailing address</b> NEMOURS	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$463.16
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> NEMOURS	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.261</b>	<b>Nonpriority creditor's name and mailing address</b> NEPHROLOGY ASSOCIATES PA 4923 OGLETOWN STANTON RD NEWARK, DE 19713-2081	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$109.85</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> NEPHROLOGY	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.262</b>	<b>Nonpriority creditor's name and mailing address</b> NETALYTICS, LLC ATTN: A/R GREER, SC 29652	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$25,172.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> NETAL	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.263</b>	<b>Nonpriority creditor's name and mailing address</b> NETCARRIER TELECOM, INC 4000 N CANNON AVE LANSDALE, PA 19446	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$168.33</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> NETCARRIER	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.264</b>	<b>Nonpriority creditor's name and mailing address</b> NIXON UNIFORM SERVICE & MEDICA 500 CENTERPOINT BLVD NEW CASTLE, DE 19720	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$5,598.45</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> NIXON	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.265</b>	<b>Nonpriority creditor's name and mailing address</b> NORTH AMER PARTNERS ANESTH P.O. BOX 220 DEPT 1806 BETTENDORF, IA 52722-9998	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,352.04</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> NORAMERPAR	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.266</b>	<b>Nonpriority creditor's name and mailing address</b> NOVICK BROTHERS CORP 3660 SOUTH LAWRENCE ST PHILADELPHIA, PA 19148	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$4,765.78</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> FS NOVICK	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.267</b>	<b>Nonpriority creditor's name and mailing address</b> OLD TOWN HALL ASSOCIATES, LLC 1202 KIRKWOOD HWY WILMINGTON, DE 19805	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$76,414.50</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> OLDTOWN	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.268</b>	<b>Nonpriority creditor's name and mailing address</b> OMB-FLEET SERVICES	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$57,493.61</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> OMB	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.269</b>	<b>Nonpriority creditor's name and mailing address</b> ONE HOUR HEATING AND AIR CONDI 410 MECO DR WILMINGTON, DE 19804	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$299.88</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> ONEHOUR	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.270</b>	<b>Nonpriority creditor's name and mailing address</b> ORTHOPAEDIC ASSOC OF SOUTHERN 17005 OLD ORCHARD RD LEWES, DE 19958	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$12,526.35</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> ORTHOASSOC	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.271</b>	<b>Nonpriority creditor's name and mailing address</b> PAT EVANCHO 13 RIDON DR HOCKESSIN, DE 19707	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$700.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> EVANCHOPAT	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.272</b>	<b>Nonpriority creditor's name and mailing address</b> PENNSYLVANIA AVENUE PROPERTIES 16356 SUSSEX HWY BRIDGEVILLE, DE 19933	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$4,500.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> PENNAVENUE	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

3.273	<b>Nonpriority creditor's name and mailing address</b> PITNEY BOWES INC P.O. BOX 371887 PITTSBURGH, PA 15250-7887	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$622.49
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> PITBO	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.274	<b>Nonpriority creditor's name and mailing address</b> PIVOT OCCUPATIONAL HEALTH 200 BIDDLE AVE, STE 213 NEWARK, DE 19702	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$16,177.40
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> PIVOT	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.275	<b>Nonpriority creditor's name and mailing address</b> PJ BALE, INC 198 AIRPORT RD NEW CASTLE, DE 19720	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,538.58
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> PJBAL	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.276	<b>Nonpriority creditor's name and mailing address</b> PRE HOLDING CONCORD, LLC 1504 N BROOM ST, STE 3 WILMINGTON, DE 19806	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$10,187.12
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> PREHOLD	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

3.277	<b>Nonpriority creditor's name and mailing address</b> PRE HOLDING CONCORD, LLC 1504 N BROOM ST, STE 3 WILMINGTON, DE 19806	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
<b>Date or dates debt was incurred</b> Various		<b>Basis for the claim:</b> LITIGATION	
<b>Last 4 digits of account number</b> PREHOLDII		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>			
3.278	<b>Nonpriority creditor's name and mailing address</b> PRE HOLDING II, LLC C/O RICHARD A FORSTEN 1201 N MARKET ST, STE 2300 P.O. BOX 1266 WILMINGTON, DE 19899	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$145,665.24
<b>Date or dates debt was incurred</b> Various		<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
<b>Last 4 digits of account number</b> PREHOLDII		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>			
3.279	<b>Nonpriority creditor's name and mailing address</b> PRE HOLDING II, LLC C/O RICHARD A FORSTEN 1201 N MARKET ST, STE 2300 WILMINGTON, DE 19899	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
<b>Date or dates debt was incurred</b> Various		<b>Basis for the claim:</b> LITIGATION	
<b>Last 4 digits of account number</b> PREHOLDII		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>			
3.280	<b>Nonpriority creditor's name and mailing address</b> PRE HOLDING II, LLC C/O RICHARD A FORSTEN 1201 N MARKET ST, STE 2300 WILMINGTON, DE 19801	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
<b>Date or dates debt was incurred</b> Various		<b>Basis for the claim:</b> LITIGATION	
<b>Last 4 digits of account number</b> PREHOLDII		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.281</b>	<b>Nonpriority creditor's name and mailing address</b> PREMIER ANESTHESIA OF DELAWARE P.O. BOX 678006 DALLAS, TX 75267-8006	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,973.18
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> PREMANEST	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.282</b>	<b>Nonpriority creditor's name and mailing address</b> PREMIER HOME MEDICAL EQUIPMENT 3070 MCCANN FARM DR, STE 104 GARNET VALLEY, PA 19060	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$8,970.36
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> PREMHOME	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.283</b>	<b>Nonpriority creditor's name and mailing address</b> PRESIDENT MEDICINE 1214 RESEARCH BLVD, STE 1000 HUMMELSTOWN, PA 17036	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$18,258.75
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> PRESCIENT	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.284</b>	<b>Nonpriority creditor's name and mailing address</b> PRICE PLUMBING INC 5017 HALLTOWN RD HARTLY, DE 19953	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$971.36
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> PRICEPLUMB	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.285</b>	<b>Nonpriority creditor's name and mailing address</b> PURCHASE POWER P.O. BOX 856042 LOUISVILLE, KY 40285-6042	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,815.18
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> PURCHA	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.286</b>	<b>Nonpriority creditor's name and mailing address</b> PURPLE LOQUAX LLC 811 BRANDYWINE BLVD WILMINGTON, DE 19809	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,000.00
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> PURPLE	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.287</b>	<b>Nonpriority creditor's name and mailing address</b> PYA, PC ATTN: DEPT 888255 KNOXVILLE, TN 37995-8255	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$23,669.20
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> PYA	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.288</b>	<b>Nonpriority creditor's name and mailing address</b> QUADREY SALAAM-ROANE 213 W 19TH ST WILMINGTON, DE 19802	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> LITIGATION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

3.289	<b>Nonpriority creditor's name and mailing address</b> QUALIFACTS 315 DEADERICK ST, STE 2300 NASHVILLE, TN 37238	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$122,808.30
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> QUALIFACTS	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.290	<b>Nonpriority creditor's name and mailing address</b> QUEST DIAGNOSTICS P.O. BOX 828669 PHILADELPHIA, PA 19182-8669	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$203,353.69
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> QUEST	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.291	<b>Nonpriority creditor's name and mailing address</b> RADIATION ONCOLOGISTS, PA P.O. BOX 12870 WILMINGTON, DE 19850-2870	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,650.71
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> RADIAONCO	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.292	<b>Nonpriority creditor's name and mailing address</b> RAMON A JOYNER C/O JAMES T VAUGHN CORRECTIONAL CENTER 1181 PADDOCK RD SMYRNA, DE 19977	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> LITIGATION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.293</b>	<b>Nonpriority creditor's name and mailing address</b> RAY, PULAK MD 774 CHRISTIANA RD, STE 202 NEWARK, DE 19713-4221	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,065.88
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> RAYSUPULAK	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.294</b>	<b>Nonpriority creditor's name and mailing address</b> REALPAGE, INC P.O. BOX 67177 DALLAS, TX 75267-1777	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,000.00
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> REALP	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.295</b>	<b>Nonpriority creditor's name and mailing address</b> RED LION MEDGAS CONSULTANTS, INC 123 A SANDY DR NEWARK, DE 19713	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$285.00
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> REDLIONMED	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.296</b>	<b>Nonpriority creditor's name and mailing address</b> RED ROOF INN	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$880.00
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> REDROOF	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

3.297	<b>Nonpriority creditor's name and mailing address</b> REDITEST SCREENING DEVICES P.O. BOX 14327 SANTA ROSA, CA 95402-6327	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$15,540.50
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> REDBI	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.298	<b>Nonpriority creditor's name and mailing address</b> REDWOOD TOXICOLOGY P.O. BOX 5680 SANTA ROSA, CA 95402	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,237.55
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> REDTO	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.299	<b>Nonpriority creditor's name and mailing address</b> REHABILITATION ASSOCIATES PA 200 BIDDLE AVE, STE 204 NEWARK, DE 19702-3966	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$381.55
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> REHABASSOC	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.300	<b>Nonpriority creditor's name and mailing address</b> REL MALIKA SPRUILL AND DOUGLAS SPRUILL C/O EDWARD K BLACK CARVEL STATE OFFICE BLDG 820 N FRENCH ST WILMINGTON, DE 19801	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> LITIGATION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

3.301	<b>Nonpriority creditor's name and mailing address</b> REL MALIKA SPRUILL AND DOUGLAS SPRUILL C/O JESSE S WENGER 1313 N MARKET ST P.O. BOX 2046 WILMINGTON, DE 19801	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
<b>Date or dates debt was incurred</b>		<b>Basis for the claim:</b> LITIGATION	
<b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.302	<b>Nonpriority creditor's name and mailing address</b> REL MALIKA SPRUILL AND DOUGLAS SPRUILL C/O LAINA M HERBERT 123 JUSTISON ST WILMINGTON, DE 19801	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
<b>Date or dates debt was incurred</b>		<b>Basis for the claim:</b> LITIGATION	
<b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.303	<b>Nonpriority creditor's name and mailing address</b> RELIAS LEARNING 1010 SYNC ST MORRISVILLE, NC 27560	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$29,784.16
<b>Date or dates debt was incurred</b>		<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
<b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.304	<b>Nonpriority creditor's name and mailing address</b> REPUBLIC SERVICES 1420 NEW YORK AVE WILMINGTON, DE 19801-5826	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,295.53
<b>Date or dates debt was incurred</b>		<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
<b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.305</b>	<b>Nonpriority creditor's name and mailing address</b> RHEUMATOLOGY CENTER OF DELAWAR P.O. BOX 723 MILFORD, DE 19963	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$111.95
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> RHEUMATO	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.306</b>	<b>Nonpriority creditor's name and mailing address</b> RICHARD FCARUSO, MDPA 1309 SAVANNAH RD, STE B LEWES, DE 19958-1514	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,025.75
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> CARUSO	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.307</b>	<b>Nonpriority creditor's name and mailing address</b> RICHARD J PARSONS 18820 SCENIC DR REHOBOTH, DE 19971	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,700.00
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> PARRI	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.308</b>	<b>Nonpriority creditor's name and mailing address</b> RITE AIR MECHANICAL 109 EDGEWOOD AVE BELLMAWR, NJ 08031	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$780.00
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> RITEAIR	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

3.309	<b>Nonpriority creditor's name and mailing address</b> ROBERT CONAWAY 30587 BENNETT RD SALISBURY, MD 21804	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> LITIGATION	
	<b>Last 4 digits of account number</b> 	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.310	<b>Nonpriority creditor's name and mailing address</b> ROBERT S SMITH, MD INC 11390 OLD ROSWELL RD ALPHARETTA, GA 30009	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$574.16
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> ROBsmith	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.311	<b>Nonpriority creditor's name and mailing address</b> ROBERT SAUNDERS C/O JAMES T VAUGHN CORRECTIONAL CENTER 1181 PADDOCK RD SMYRNA, DE 19977	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> LITIGATION	
	<b>Last 4 digits of account number</b> 	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.312	<b>Nonpriority creditor's name and mailing address</b> SCHLOSSER & ASSOCIATES P.O. BOX 7984 NEWARK, DE 19714-7984	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,857.90
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> SCHLOSSER	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.313</b>	<b>Nonpriority creditor's name and mailing address</b> SCOTT PINDER C/O NICHOLAS M KRAYER 1300 N GRANT AVE, STE 206 WILMINGTON, DE 19899	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>UNKNOWN</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> LITIGATION	
	<b>Last 4 digits of account number</b> 	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.314</b>	<b>Nonpriority creditor's name and mailing address</b> SEAFORD ENDOSCOPY CENTER 13 FALLON AVE SEAFORD, DE 19973-1577	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$268.39</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> SEAENDOS	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.315</b>	<b>Nonpriority creditor's name and mailing address</b> SECURITAS ELECTRONIC SECURITY P.O. BOX 643731 PITTSBURGH, PA 15264-5253	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$399.96</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> SECURITAS	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.316</b>	<b>Nonpriority creditor's name and mailing address</b> SECURITY INSTRUMENT CORP 309 W NEWPORT PIKE WILMINGTON, DE 19804	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,015.29</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> SECINST	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.317</b>	<b>Nonpriority creditor's name and mailing address</b> SFDE PARTNERS IN CARDIOVASCULA P.O. BOX 824804 PHILADELPHIA, PA 19182-4804	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$25.79</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> SFDECARDIO	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.318</b>	<b>Nonpriority creditor's name and mailing address</b> SHARP WATER P.O. BOX 184 CHESWOLD, DE 19936	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$152.49</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> SHAWAT	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.319</b>	<b>Nonpriority creditor's name and mailing address</b> SHELTERED YOGA 214 RIVER COURT BORDENTOWN, NJ 08505	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$29,500.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> SHELTERED	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.320</b>	<b>Nonpriority creditor's name and mailing address</b> SHRED-IT USA LLC 649 WHITEHEAD RD LAWRENCEVILLE, NJ 08648-4449	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,369.60</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> SHREDIT	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.321</b>	<b>Nonpriority creditor's name and mailing address</b> SOUTHERN DELAWARE IMAGNG P.O. BOX 512568 PHILADELPHIA, PA 19175-2568	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,662.02
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> SOUTHDEL	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.322</b>	<b>Nonpriority creditor's name and mailing address</b> SPECIALTYCARE IOM SERVICES LLC SEPT 1748 P.O. BOX 11407 BIRMINGHAM, AL 35246-1748	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$865.58
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> SPECIALTY	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.323</b>	<b>Nonpriority creditor's name and mailing address</b> STACEY A SCRIVANI 111 N 6TH ST READING, PA 19601	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> LITIGATION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.324</b>	<b>Nonpriority creditor's name and mailing address</b> STAPLES BUSINESS ADVANTAGE P.O. BOX 70242 PHILADELPHIA, PA 19176-0242	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,624.95
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> STAPADVA	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.325</b>	<b>Nonpriority creditor's name and mailing address</b> STERICYCLE, INC P.O. BOX 6582 CAROL STREAM, IL 60197-6582	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$16,227.59</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> STERI	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.326</b>	<b>Nonpriority creditor's name and mailing address</b> SUEZ WATER DELAWARE CUSTOMER SERVICE CENTER WILMINGTON, DE 19804	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$195.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> SUEZ	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.327</b>	<b>Nonpriority creditor's name and mailing address</b> SUSSEX POST 8 AMERICAN LEGION P.O. BOX 128 SMYRNA, DE 19977-0128	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$23,956.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> SUSPOST	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.328</b>	<b>Nonpriority creditor's name and mailing address</b> SYSCO EASTERN MARYLAND 33239 COSTEN RD POCOMOKE, MD 218851	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$294,010.92</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> FS SYSCO	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.329</b>	<b>Nonpriority creditor's name and mailing address</b> TD BANK, N.A. 2035 LIMESTONE ROAD WILMINGTON, DE 19808	<b>As of the petition filing date, the claim is:</b> \$12,000,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> PPP LOAN
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.330</b>	<b>Nonpriority creditor's name and mailing address</b> THE MANDT SYSTEM INC P.O. BOX 831790 RICHARDSON, TX 75083-1790	<b>As of the petition filing date, the claim is:</b> \$2,925.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE
	<b>Last 4 digits of account number</b> MANDT	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.331</b>	<b>Nonpriority creditor's name and mailing address</b> THE NEWS JOURNAL CO CIRCULATION DEPT WILMINGTON, DE 19886-1155	<b>As of the petition filing date, the claim is:</b> \$25.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE
	<b>Last 4 digits of account number</b> THENEW	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.332</b>	<b>Nonpriority creditor's name and mailing address</b> THE NON PROFIT TRUST 1807 SANTA RITA RD, STE D251 PLEASANTON, CA 94566	<b>As of the petition filing date, the claim is:</b> \$6,410.16 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE
	<b>Last 4 digits of account number</b> NONPROFITR	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

3.333	<b>Nonpriority creditor's name and mailing address</b> TOWN OF CAMDEN 1783 FRIENDS WAY CAMDEN, DE 19934	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3.47
<b>Date or dates debt was incurred</b> Various		<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
<b>Last 4 digits of account number</b> CAMTAX		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.334	<b>Nonpriority creditor's name and mailing address</b> TOWNSEND FIRE COMPANY P.O. BOX 194 TOWNSEND, DE 19734	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,085.80
<b>Date or dates debt was incurred</b> Various		<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
<b>Last 4 digits of account number</b> TOWNSNFC		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.335	<b>Nonpriority creditor's name and mailing address</b> TRACEY CREWS 506 E CREEK LN MIDDLETOWN, DE 19709	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$20,000.00
<b>Date or dates debt was incurred</b>		<b>Basis for the claim:</b> SEVERENCE SETTLEMENT	
<b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.336	<b>Nonpriority creditor's name and mailing address</b> TRACY HURLEY C/O MICHAEL F MCGROERTY, I 110 PINE ST SEAFORD, DE 19973	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
<b>Date or dates debt was incurred</b>		<b>Basis for the claim:</b> LITIGATION	
<b>Last 4 digits of account number</b>		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.337</b>	<b>Nonpriority creditor's name and mailing address</b> TRI-STATE PEST CONTROL 1170 CORNER KETCH RD NEWARK, DE 19711	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$960.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> TRISTAPES	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.338</b>	<b>Nonpriority creditor's name and mailing address</b> TRIBUNUS HEALTH 2631 JEFFERSON PARK CIR CHARLOTTESVILLE, VA 22903	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$3,900.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> TRIBUNUS	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.339</b>	<b>Nonpriority creditor's name and mailing address</b> TYRONE NORWOOD C/O RONALD G POLIQUIN 155 S BRADFORD ST, STE 203 DOVER, DE 19904	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>UNKNOWN</b>
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> LITIGATION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.340</b>	<b>Nonpriority creditor's name and mailing address</b> UNIFIRST CORPORATION 710 NAYLOR MILL RD SALISBURY, MD 21801	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$29,768.59</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> UNIFIRST	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.341</b>	<b>Nonpriority creditor's name and mailing address</b> UNION CENTRAL LIFE INSURANCE P.O. BOX 691699 CINCINNATI, OH 45269-1699	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$21.27</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> UNION	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.342</b>	<b>Nonpriority creditor's name and mailing address</b> UNION PRESS PRINTING 1723 W 8TH ST WILMINGTON, DE 19805	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,858.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> UNIONPRESS	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.343</b>	<b>Nonpriority creditor's name and mailing address</b> UNITED WAY 625 ORANGE ST WILMINGTON, DE 19801	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$597.84</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> UNITWA	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.344</b>	<b>Nonpriority creditor's name and mailing address</b> UNIVERSITY OF CINCINNATI RESEA 260 STETSON ST, STE 5300 CINCINNATI, OH 45219	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$22,000.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> UCRI	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.345</b>	<b>Nonpriority creditor's name and mailing address</b> URBAN FURNITURE 166 S DUPONT HWY NEW CASTLE, DE 19720	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$31,445.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> URBANFUR	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.346</b>	<b>Nonpriority creditor's name and mailing address</b> US BANK EQUIPMENT FINANCE 1310 MADRID ST, STE 101 MARSHALL, MN 56258-4002	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$4,007.12</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> USBANK	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.347</b>	<b>Nonpriority creditor's name and mailing address</b> US DEPT OF EDUCATION ATTN: NATIONAL PAYMENT CENTER GREENVILLE, TX 75403-4142	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$82.34</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> USDED	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.348</b>	<b>Nonpriority creditor's name and mailing address</b> VENTURA APPLIANCE REPAIR 635 CANNERY LN TOWNSEND, DE 19734	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$555.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> VENTURA AP	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.349</b>	<b>Nonpriority creditor's name and mailing address</b> VENTURA MAINTENANCE 101 E GREEN ST MIDDLETOWN, DE 19709	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$28.15</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> VENTURA	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.350</b>	<b>Nonpriority creditor's name and mailing address</b> VERIZON WIRELESS P.O. BOX 25505 LEHIGH VALLEY, PA 18002-5505	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$80,761.97</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> V-1103	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.351</b>	<b>Nonpriority creditor's name and mailing address</b> VERNON ERNEST DORIAN CEPHAS C/O JAMES T VAUGHN CORRECTIONAL CENTER 1181 PADDOCK RD SMYRNA, DE 19977	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>UNKNOWN</b>
	<b>Date or dates debt was incurred</b>	<b>Basis for the claim:</b> LITIGATION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.352</b>	<b>Nonpriority creditor's name and mailing address</b> VIRGIL PACELLI 2806 DUNCAN RD WILMINGTON, DE 19805	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,300.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> PACVIR	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.353</b>	<b>Nonpriority creditor's name and mailing address</b> VISIONARY EDUCATION TRAINING SERVICES, LLC 811 BRANDYWINE BLVD WILMINGTON, DE 19809	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$20,250.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> 	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.354</b>	<b>Nonpriority creditor's name and mailing address</b> VISTAPHARM, INC ATTN: ACCOUNTS RECEIVABLE NEW PROVIDENCE, NJ 07974	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$322,488.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> VISTA	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.355</b>	<b>Nonpriority creditor's name and mailing address</b> VITAL STATISTICS	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$50.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> VITALSTAT	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.356</b>	<b>Nonpriority creditor's name and mailing address</b> WASTE INDUSTRIES 604 CANNERY AVE TOWNSEND, DE 19734	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$25.95</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> WASTE	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.357</b>	<b>Nonpriority creditor's name and mailing address</b> WAYMAN FIRE PROTECTION INC 403 MECO DR WILMINGTON, DE 19804	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$841.00
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> WAYFI	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.358</b>	<b>Nonpriority creditor's name and mailing address</b> WAYNE SCOTT O'NEAL 1055 WOLFE ST LAUREL, DE 19906	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> LITIGATION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.359</b>	<b>Nonpriority creditor's name and mailing address</b> WB MASON CO, INC P.O. BOX 981101 BOSTON, MA 02298-1101	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$43,275.27
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> WB	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.360</b>	<b>Nonpriority creditor's name and mailing address</b> WEATHERVANE PROPERTIES 23924 SUNNY COVE CRT LEWES, DE 19958	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,390.00
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> WEAPRO	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.361</b>	<b>Nonpriority creditor's name and mailing address</b> WEINER BENEFITS GROUP 2961 CENTERVILLE ROAD SUITE 3000 WILMINGTON, DE 19808	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$314,221.29</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> 	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.362</b>	<b>Nonpriority creditor's name and mailing address</b> WELLS FARGO VENDOR FIN SERV P.O. BOX 70239 PHILADELPHIA, PA 19176-0239	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$8,871.23</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> WELLSFAR	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.363</b>	<b>Nonpriority creditor's name and mailing address</b> WHISMAN, GIORDANO & ASSOCs, LLC 111 CONTINENTAL DR NEWARK, DE 19713-4330	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$72,836.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> WHIGR	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.364</b>	<b>Nonpriority creditor's name and mailing address</b> WHITE & WILLIAMS LLP 600 N KING ST, STE 800 WILMINGTON, DE 19801	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$13,479.75</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> WHITEWILL	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.365</b>	<b>Nonpriority creditor's name and mailing address</b> WHITE AND ASSOCIATE TREATS LLC 11 BARONS CT DOVER, DE 19901	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$600.00</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> WHITE AND	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.366</b>	<b>Nonpriority creditor's name and mailing address</b> WILLIAM C FLETCHER, JR ATTN: PLUMMER COMMUNITY CORRECTIONS CENTER 38 TODDS LN WILMINGTON, DE 19802	<b>As of the petition filing date, the claim is:</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>UNKNOWN</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> LITIGATION	
	<b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.367</b>	<b>Nonpriority creditor's name and mailing address</b> WILMINGTON OTOLARYNGOLOGY ASSO 2300 PENNSYLVANIA AVE, STE 2A WILMINGTON, DE 19806-1379	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,526.87</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> WILOTALAR	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.368</b>	<b>Nonpriority creditor's name and mailing address</b> WSFS BANK 838 MARKET ST WILMINGTON, DE 19801	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$45,410.22</b>
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> WSFSB	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims****Amount of claim**

<b>3.369</b>	<b>Nonpriority creditor's name and mailing address</b> WSFS BANK VISA P.O. BOX 0818 CAROL STREAM, IL 60197-6818	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$107,614.64
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> WSFSCC	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.370</b>	<b>Nonpriority creditor's name and mailing address</b> YELLOW PAGES P.O. BOX 161069 ATLANTA, GA 30321	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$498.80
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> YELLOW	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.371</b>	<b>Nonpriority creditor's name and mailing address</b> ZABEL PLASTIC & RECONSTRUCTIVE 550 STANTON CHRISTIANA RD NEWARK, DE 19713-2125	<b>As of the petition filing date, the claim is:</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,000.13
	<b>Date or dates debt was incurred</b> Various	<b>Basis for the claim:</b> ACCOUNTS PAYABLE	
	<b>Last 4 digits of account number</b> ZABEDAV	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors

Name and mailing address		On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	IGWE & SHARMA, LLC ATTENTION: AMAN K SHARMA ATTN: AMAN K SHARMA, ESQ ONE COMMERCE CENTER 1201 N ORANGE ST, STE 502 WILMINGTON, DE 19801	Line 3.335 <input type="checkbox"/> Not listed. Explain _____	

Debtor Name

**Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims****5. Add the amounts of priority and nonpriority unsecured claims.****5a. Total claims from Part 1**

\$0.00

**5b. Total claims from Part 2**

\$22,402,876.13

**5c. Total claims of Parts 1 and 2**

Lines 5a + 5b = 5c

\$22,402,876.13

Debtor Name **Connections Community Support Programs, Inc.****United States Bankruptcy Court for the District of Delaware**Case number (if known): **21-10723**
 Check if this is an amended filing
**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15**

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**
 No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B)
**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1	State what the contract or lease is for and the nature of the debtor's interest	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 42 COMMERCE ST APT D4, HARRINGTON, DE 19952	42 COMMERCE PLACE LLC 15 SHORT ST HARRINGTON, DE 19952
	State the term remaining List the contract number of any government contract	N/A	
2.2	State what the contract or lease is for and the nature of the debtor's interest	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 603 WASHINGTON AVE, ELLENDALE, DE 19941	603 WASH AVE - CAMPBELL 102 APPLEWOOD DR DOVER, DE 19901
	State the term remaining List the contract number of any government contract	N/A	
2.3	State what the contract or lease is for and the nature of the debtor's interest	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 1602 W 14TH ST APT B, WILMINGTON, DE 19806	A & T REALTY, LLC P.O. BOX 15033 NEWARK, DE 19711
	State the term remaining List the contract number of any government contract	N/A	
2.4	State what the contract or lease is for and the nature of the debtor's interest	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 804 WEST STREET APT 3, WILMINGTON, DE 19801	ABESSINIO PROP MGT P.O. BOX 25204 WILMINGTON, DE 19899
	State the term remaining List the contract number of any government contract	N/A	
2.5	State what the contract or lease is for and the nature of the debtor's interest	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 804 WEST STREET APT 4, WILMINGTON, DE 19801	ABESSINIO PROP MGT P.O. BOX 25204 WILMINGTON, DE 19899
	State the term remaining List the contract number of any government contract	N/A	

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

**List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.6	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 804 WEST STREET APT 5, WILMINGTON, DE 19801</b>	<b>ABESSINIO PROP MGT P.O. BOX 25204 WILMINGTON, DE 19899</b>
2.7	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 804 WEST STREET APT 7, WILMINGTON, DE 19801</b>	<b>ABESSINIO PROP MGT P.O. BOX 25204 WILMINGTON, DE 19899</b>
2.8	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 804 WEST STREET APT 9, WILMINGTON, DE 19801</b>	<b>ABESSINIO PROP MGT P.O. BOX 25204 WILMINGTON, DE 19899</b>
2.9	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 727 MARYLAND AVENUE, WILMINGTON, DE 19805</b>	<b>ACRE INVESTORS LLC - PABIAN 365 WALLACE DR NEWARK, DE 19711</b>
2.10	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 802 N ADAMS ST APT 2C, WILMINGTON, DE 19801</b>	<b>ADAMS ST APTS - 51 SUMMIT 1316 WASHINGTON ST WILMINGTON, DE 19801</b>
2.11	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>VENDOR CONTRACTS</b>	<b>ADOBE 150 BROADWAY NEW YORK, NY 10036</b>

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

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**List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.12	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>VENDOR CONTRACTS</b>	<b>ADVANTECH</b> <b>4092 N DUPONT HWY</b> <b>DOVER, DE 19901</b>
2.13	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 2610 PHILADELPHIA PIKE APT K-04, CLAYMONT, DE 19703</b>	<b>AION MGNT - AP EAST POINTE</b> <b>2610 PHILADELPHIA PIKE</b> <b>CLAYMONT, DE 19703</b>
2.14	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 2610 PHILADELPHIA PIKE APT O-01, CLAYMONT, DE 19703</b>	<b>AION MGNT - AP EAST POINTE</b> <b>2610 PHILADELPHIA PIKE</b> <b>CLAYMONT, DE 19703</b>
2.15	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 2610 PHILADELPHIA PIKE APT P-02, CLAYMONT, DE 19703</b>	<b>AION MGNT - AP EAST POINTE</b> <b>2610 PHILADELPHIA PIKE</b> <b>CLAYMONT, DE 19703</b>
2.16	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 3 EARLINGTON LANE APT A, NEWARK, DE 19713</b>	<b>AION PRIDES CT LLC/KETTLER</b> <b>6 SUSSEX RD</b> <b>NEWARK, DE 19713</b>
2.17	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 4 WINCHESTER ROAD APT E, NEWARK, DE 19713</b>	<b>AION PRIDES CT LLC/KETTLER</b> <b>6 SUSSEX RD</b> <b>NEWARK, DE 19713</b>

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

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**List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.18	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 5 WINCHESTER ROAD APT A, NEWARK, DE 19713</b>	<b>AION PRIDES CT LLC/KETTLER 6 SUSSEX RD NEWARK, DE 19713</b>
2.19	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 6 SUSSEX ROAD APT 15B, NEWARK, DE 19713</b>	<b>AION PRIDES CT LLC/KETTLER 6 SUSSEX RD NEWARK, DE 19713</b>
2.20	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 6 SUSSEX ROAD APT 7B, NEWARK, DE 19713</b>	<b>AION PRIDES CT LLC/KETTLER 6 SUSSEX RD NEWARK, DE 19713</b>
2.21	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 10 CHATHAM LANE APT D, NEWARK, DE 19713</b>	<b>AION PRIDES CT LLC/KETTLER 6 SUSSEX RD NEWARK, DE 19713</b>
2.22	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 21 CHATHAM LANE APT A, NEWARK, DE 19713</b>	<b>AION PRIDES CT LLC/KETTLER 6 SUSSEX RD NEWARK, DE 19713</b>
2.23	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 23 CHATHAM LANE APT B, NEWARK, DE 19713</b>	<b>AION PRIDES CT LLC/KETTLER 6 SUSSEX RD NEWARK, DE 19713</b>

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

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**List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.24	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 25</b> WINCHESTER RD APT C, NEWARK, DE 19713	<b>AION PRIDES CT LLC/KETTLER</b> 6 SUSSEX RD NEWARK, DE 19713
2.25	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 202</b> MEDERIA CIRCLE, NEWARK, DE 19702	<b>AION UNIVERSITY - LIBERTY</b> 207 MEDERIA CIR NEWARK, DE 19702
2.26	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 219</b> MEDERIA CIRCLE APT 219, NEWARK, DE 19702	<b>AION UNIVERSITY - LIBERTY</b> 207 MEDERIA CIR NEWARK, DE 19702
2.27	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 503</b> MEDERIA CIRCLE, NEWARK, DE 19713	<b>AION UNIVERSITY - LIBERTY</b> 207 MEDERIA CIR NEWARK, DE 19702
2.28	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 63</b> LAWSON AVE APT A, CLAYMONT, DE 19703	<b>AJ LAWSON LLC</b> P.O. BOX 4743 WILMINGTON, DE 19807
2.29	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 51</b> WEBBS LANE APT E10, DOVER, DE 19904	<b>ALDER &amp; PINE HOLDINGS LLC</b> 51 WEBBS LN DOVER, DE 19904

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

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**List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.30	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 255</b> WEBBS LANE APT C22, DOVER, DE 19904	<b>ALDER &amp; PINE HOLDINGS LLC</b> 51 WEBBS LN DOVER, DE 19904
2.31	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 15 E</b> HIGH ST, BLADES, DE 19973	<b>ALLIANCE REALTY</b> 4195 N DUPONT HWY DOVER, DE 19901
2.32	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 36</b> FAIRWAY RD APT 3A, NEWARK, DE 19711	<b>ALTMAN MANAGEMENT CO</b> 41 FAIRWAY RD, STE 41-2C NEWARK, DE 19711
2.33	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 54</b> CHESWOLD BLVD APT 112, NEWARK, DE 19711	<b>ALTMAN MGT - EMPIRE</b> 240 NEW YORK DR, STE 1 FT WASHINGTON, PA 19034
2.34	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 54</b> CHESWOLD BLVD APT 110, NEWARK, DE 19711	<b>ALTMAN MGT COMPANY, INC</b> 240 NEW YORK DR, STE 1 FT WASHINGTON, PA 19034
2.35	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 54</b> CHESWOLD BLVD APT 207, NEWARK, DE 19711	<b>ALTMAN MGT COMPANY, INC</b> 240 NEW YORK DR, STE 1 FT WASHINGTON, PA 19034

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2.36	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 54 CHESWOLD BLVD APT 301, NEWARK, DE 19711</b>	<b>ALTMAN MGT COMPANY, INC 240 NEW YORK DR, STE 1 FT WASHINGTON, PA 19034</b>
2.37	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 101 WEST 23RD ST APT A, WILMINGTON, DE 19802</b>	<b>ANETTE DARBY/FISHER 114 W 38TH ST WILMINGTON, DE 19802</b>
2.38	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>PROPERTY MANAGEMENT AGREEMENT</b>	<b>APPFOLIO, INC 50 CASTILIAN DR GOLETA, CA 93117</b>
2.39	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 900 COVENTRY LANE (THE ELMS), NEWARK, DE 19713</b>	<b>APPLEBALE LLC 198 AIRPORT RD NEW CASTLE, DE 19720</b>
2.40	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 927 WILDEL AVE UNIT A, NEW CASTLE, DE 19720</b>	<b>APPLEBALE LLC 198 AIRPORT RD NEW CASTLE, DE 19720</b>
2.41	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>VENDOR CONTRACTS</b>	<b>APPLIED NEURO SOLUTIONS 811 BRANDYWINE BLVD WILMINGTON, DE 19809</b>

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2.42	State what the contract or lease is for and the nature of the debtor's interest	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 812 WASHINGTON ST, WILMINGTON, DE 19801	ASPIRE ASSOCIATES, INC 715 ORANGE ST WILMINGTON, DE 19801
	State the term remaining List the contract number of any government contract	N/A	
2.43	State what the contract or lease is for and the nature of the debtor's interest	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 103 WALNUT ST, MILTON, DE 19968	BARBARA J WRIGHT 20398 FOREST RD MILTON, DE 19968
	State the term remaining List the contract number of any government contract	N/A	
2.44	State what the contract or lease is for and the nature of the debtor's interest	<b>VENDOR CONTRACTS</b>	BAYSHORE FORD P.O. BOX 627 NEW CASTLE, DE 19720
	State the term remaining List the contract number of any government contract	N/A	
2.45	State what the contract or lease is for and the nature of the debtor's interest	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 30 S NEW ST APT 101, DOVER, DE 19901	BBC REAL ESTATE - REMAX 30 S NEW ST DOVER, DE 19901
	State the term remaining List the contract number of any government contract	N/A	
2.46	State what the contract or lease is for and the nature of the debtor's interest	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 30 S NEW ST APT 104, DOVER, DE 19901	BBC REAL ESTATE - REMAX 30 S NEW ST DOVER, DE 19901
	State the term remaining List the contract number of any government contract	N/A	
2.47	State what the contract or lease is for and the nature of the debtor's interest	<b>OUTPATIENT AND FAMILY THERAPY RENT</b>	BBEE 310 N HIGH ST EXTENSION - 310-350 SMYRNA, DE 19977
	State the term remaining List the contract number of any government contract	1656	

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2.48	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 203 W 25TH ST APT A, WILMINGTON, DE 19802	BCS BUILDINGS LLC 20 BEECH AVE WILMINGTON, DE 19805
2.49	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 220 E 14TH ST APT 2, WILMINGTON, DE 19801	BCS BUILDINGS LLC 20 BEECH AVE WILMINGTON, DE 19805
2.50	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 112 S QUEEN APT 3, DOVER, DE 19904	BENNIE/SHIRLEY SMITH RE P.O. BOX 691 DOVER, DE 19903
2.51	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 360 GREENS BRANCH LANE, SMYRNA, DE 19977	BLUE HEN PROP - ZACCONE 20 GUNTHER ST MENDHAM, NJ 07945
2.52	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 214 S PORTER ST, SEAFORD, DE 19973	BRADFORD ST INVESTMENTS 25051 WARD FARM LN MILLSBORO, DE 19966
2.53	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 410 HICKORY LANE APT B, SEAFORD, DE 19973	BRADFORD ST INVESTMENTS 25051 WARD FARM LN MILLSBORO, DE 19966

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2.54	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 4306 MILLER RD APT 110, WILMINGTON, DE 19802</b>	<b>BRANDYWINE HILLS APTS LLC 4310 MILLER RD, STE 106 WILMINGTON, DE 19802</b>
2.55	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 605 N BROOM STREET APT 2, WILMINGTON, DE 19805</b>	<b>BREEN R COLLINS P.O. BOX 62 YORKLYN, DE 19736</b>
2.56	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 202 ALLEN WAY APT 23, MILFORD, DE 19963</b>	<b>BRIGHTWAY - EAST COAST 134 N CANNON ST SEAFORD, DE 19973</b>
2.57	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 2 CONGRESS PLACE, DOVER, DE 19901</b>	<b>BYLER - TRI-COUNTY PROP P.O. BOX 10 DOVER, DE 19903</b>
2.58	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 167 MITSCHER ROAD, DOVER, DE 19901</b>	<b>BYLER INVESTMENTS - JACOB P.O. BOX 10 DOVER, DE 19903</b>
2.59	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>VENDOR CONTRACTS</b>	<b>C&amp;S 406 SUBURBAN DR NEWARK, DE 19711</b>

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2.60	State what the contract or lease is for and the nature of the debtor's interest	<b>VENDOR CONTRACTS</b>	CANON FINANCIAL SERVICES P.O. BOX 4004 CAROL STREAM, IL 60197-4004
	State the term remaining List the contract number of any government contract	N/A	
2.61	State what the contract or lease is for and the nature of the debtor's interest	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 1604 THORNHILL DR, NEWARK, DE 19702	CAPANO MGT CO 105 FOULK RD WILMINGTON, DE 19803
	State the term remaining List the contract number of any government contract	N/A	
2.62	State what the contract or lease is for and the nature of the debtor's interest	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 7 CAPANO DR APT A3, NEWARK, DE 19702	CAPANO MGT COMPANY 105 FOULK RD WILMINGTON, DE 19803
	State the term remaining List the contract number of any government contract	N/A	
2.63	State what the contract or lease is for and the nature of the debtor's interest	<b>VENDOR CONTRACTS</b>	CARE4 51 W DAYTON ST EDMONDS, WA 98020
	State the term remaining List the contract number of any government contract	N/A	
2.64	State what the contract or lease is for and the nature of the debtor's interest	ACT, IDS, OUTPATIENT, ADMINISTRATION RENT	CARROLL PROPERTIES S DUPONT HWY DOVER, DE 19903
	State the term remaining List the contract number of any government contract	1656	
2.65	State what the contract or lease is for and the nature of the debtor's interest	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 320 WEINER AVENUE, HARRINGTON, DE 19952	CD PROPERTIES - REHOBOTH 711 N DUPONT BLVD MILFORD, DE 19963
	State the term remaining List the contract number of any government contract	N/A	

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2.66	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 718 W GLENWOOD AVE, SMYRNA, DE 19977</b>	<b>CDW MGMT - SKY MGMT P.O. BOX 717 LEWES, DE 19958</b>
2.67	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LETTER OF AGREEMENT</b>	<b>CENTURION OF DELAWARE, LLC 1593 SPRING HILL RD, STE 600 VIENNA, VA 22182</b>
2.68	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 105 STONEY DRIVE, DOVER, DE 19904</b>	<b>CHARLES BRADLEY - REMAX 111 HUDSON MILL RD LINCOLN, DE 19960</b>
2.69	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 318 SHIPLEY ROAD APT 304, WILMINGTON, DE 19809</b>	<b>CHATEAU ORLEANS 200 BLVD OF AMERICAS, STE 106 LAKWOOD, NJ 08701</b>
2.70	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 413 MARSH ROAD, WILMINGTON, DE 19809</b>	<b>CHERYL AUGUST/WICKET 2 WILKINSON DR LANDENBURG, PA 19350</b>
2.71	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 7 MARY ELLA DRIVE APT C, WILMINGTON, DE 19805</b>	<b>CHESTNUT RUN VILLAGE APTS 12 MARY ELLEN DR, STE E WILMINGTON, DE 19805-1548</b>

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2.72	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 8 MARY ELLA DRIVE APT C, WILMINGTON, DE 19805</b>	<b>CHESTNUT RUN VILLAGE APTS 12 MARY ELLEN DR, STE E WILMINGTON, DE 19805-1548</b>
2.73	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 9 MARY ELLA DRIVE APT D, WILMINGTON, DE 19805</b>	<b>CHESTNUT RUN VILLAGE APTS 12 MARY ELLEN DR, STE E WILMINGTON, DE 19805-1548</b>
2.74	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 10 MARY ELLA DRIVE APT B, WILMINGTON, DE 19805</b>	<b>CHESTNUT RUN VILLAGE APTS 12 MARY ELLEN DR, STE E WILMINGTON, DE 19805-1548</b>
2.75	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>INDEPENDENT CONTRACTOR AGREEMENT</b>	<b>CHILDREN &amp; FAMILIES FIRST 809 WASHINGTON ST WILMINGTON, DE 19801</b>
2.76	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>INDEPENDENT CONTRACTOR AGREEMENT</b>	<b>CHRISTIANACARE HEALTH SERVICES, INC 4000 NEXUS DR AVE N, STE C3-300 WILMINGTON, DE 19803</b>
2.77	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>INDEPENDENT CONTRACTOR AGREEMENT</b>	<b>CHRISTIANACARE HEALTH SERVICES, INC 501 W 14TH ST, STE 3170 WILMINGTON, DE 19801</b>

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2.78	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 9 PAR HAVEN DR APT C21, DOVER, DE 19901</b>	<b>CHRISTOPHER SMITH/BWS REALTY P.O. BOX 138 TOWNSEND, DE 19734</b>
2.79	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 36 COURTSIDE DR APT A34, DOVER, DE 19904</b>	<b>CHRISTOPHER SMITH/BWS REALTY P.O. BOX 138 TOWNSEND, DE 19734</b>
2.80	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 46 PAR HAVEN DR APT F12, DOVER, DE 19901</b>	<b>CHRISTOPHER SMITH/BWS REALTY P.O. BOX 138 TOWNSEND, DE 19734</b>
2.81	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 1401 N HARRISON ST APT 3, WILMINGTON, DE 19801</b>	<b>CLASSIC PROPERTY - PERINI P.O. BOX 928 MIDDLETOWN, DE 19709</b>
2.82	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>MANAGEMENT (PARTNERSHIP) AGREEMENT</b>	<b>CLAYMONT STREET APARTMENTS, LP 3821 LANCASTER PIKE WILMINGTON, DE 19805</b>
2.83	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 145 HAMAN DRIVE APT 102, DOVER, DE 19904</b>	<b>CLEARFIELD APTS LP 121 HAMAN DR APT 103 DOVER, DE 19904</b>

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2.84	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>VENDOR CONTRACTS</b>	COMCAST P.O. BOX 3006 SOUTHEASTERN, PA 19398-3006
2.85	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 3300 PHILADELPHIA PIKE APT 2S, CLAYMONT, DE 19703	COMMON CENTS PROP MGT 501 SILVERSIDE RD, STE 38 WILMINGTON, DE 19809
2.86	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 2605 NORMANDY COURT (ELMS), NEWARK, DE 19713	CONNECTIONS CSP INC 3821 LANCASTER PIKE WILMINGTON, DE 19805
2.87	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 34006 MULBERRY LANE, LEWES, DE 19958	CONNIE MILLER 1007 FOULK RD WILMINGTON, DE 19803
2.88	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 210 MELROSE PLACE DR., NEWARK, DE 19711	CSA, LLC 234 N JAMES ST NEWPORT, DE 19804
2.89	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 109.5 S JACKSON ST, WILMINGTON, DE 19805	CYNTELLEX PROPERTIES 2502 SILVERSIDE RD, STE 7 WILMINGTON, DE 19810

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2.90	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 24 S</b> <b>BRADFORD ST APT B, DOVER, DE 19904</b>	<b>D &amp; S INVESTMENT CO LLP</b> <b>500 N DUPONT HWY</b> <b>DOVER, DE 19901</b>
2.91	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 24 S</b> <b>BRADFORD ST APT C, DOVER, DE 19904</b>	<b>D &amp; S INVESTMENT CO LLP</b> <b>500 N DUPONT HWY</b> <b>DOVER, DE 19901</b>
2.92	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 34 S</b> <b>BRADFORD ST APT 2, DOVER, DE 19904</b>	<b>D &amp; S INVESTMENT CO LLP</b> <b>500 N DUPONT HWY</b> <b>DOVER, DE 19901</b>
2.93	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 97</b> <b>PARHAVEN DR APT J-13, DOVER, DE 19904</b>	<b>D &amp; S INVESTMENT CO LLP</b> <b>500 N DUPONT HWY</b> <b>DOVER, DE 19901</b>
2.94	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 112</b> <b>PENNSYLVANIA AVE, SEAFORD, DE 19973</b>	<b>DAISEY TRUST</b> <b>6291 BAKER RD</b> <b>SEAFORD, DE 19973</b>
2.95	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 348</b> <b>SAVANAH RD APT D, LEWES, DE 19958</b>	<b>DANIEL A MILLER</b> <b>P.O. BOX 673</b> <b>REHOBOTH BEACH, DE 19971</b>

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2.96	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 348 SAVANAH RD APT E, LEWES, DE 19958</b>	<b>DANIEL A MILLER P.O. BOX 673 REHOBOTH BEACH, DE 19971</b>
2.97	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 48 CEMETERY ROAD APT A5, SELBYVILLE, DE 19975</b>	<b>DANIEL A MILLER - DAM P.O. BOX 673 REHOBOTH BEACH, DE 19971</b>
2.98	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 8 CORBIN COURT APT A, WILMINGTON, DE 19805</b>	<b>DAVID PERSOLEO 3210 LANDSDOWNE DR WILMINGTON, DE 19810</b>
2.99	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 8 CORBIN COURT APT B, WILMINGTON, DE 19805</b>	<b>DAVID PERSOLEO 3210 LANDSDOWNE DR WILMINGTON, DE 19810</b>
2.100	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 20 CORBIN COURT APT A, WILMINGTON, DE 19805</b>	<b>DAVID W SMYTH 4023 KENNETT PIKE, STE 285 GREENVILLE, DE 19807</b>
2.101	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 29 MARLIN DR, NEWARK, DE 19713</b>	<b>DELWARE HOME INVESTORS 4142 OGLETWN-STANTN, STE 211 NEWARK, DE 19713</b>

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

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2.102	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 2116 PASTERNAK PLACE, NEWARK, DE 19702</b>	<b>DELAWARE HOME INVESTORS 4142 OGLETON-STANTN, STE 211 NEWARK, DE 19713</b>
2.103	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 214 HIGHLAND BLVD APT C, NEW CASTLE, DE 19720</b>	<b>DELWARE PROPERTY MGT CO 1101 MILLSTONE DR NEWARK, DE 19711</b>
2.104	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>		<b>DELWARE STATE HOUSING AUTHORITY 18 THE GREEN DOVER, DE 19901</b>
2.105	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>SERVICE AGREEMENT</b>	<b>DELMARVA APPLIED BEURI SOLUTIONS, LLC 811 BRANDYWINE BLVD WILMINGTON, DE 19809</b>
2.106	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>VENDOR CONTRACTS</b>	<b>DELMARVA LINEN 309 TRUITT ST SALISBURY, MD 21801</b>
2.107	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 34 CONTINENTAL AVENUE, NEWARK, DE 19711</b>	<b>DELTA ETA CORP - SCHWEIZER P.O. BOX 805 NEWARK, DE 19715</b>

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2.108	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 453 BARRISTER PLACE, DOVER, DE 19901	DENISE PENT - BYLER INVSTM'T 2042 HIGHLAND AVE DOVER, DE 19901
2.109	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 105 DEWEY ST APT 507, LAUREL, DE 19956	DEWEY STREET LLC P.O. BOX 505 SEAFORD, DE 19973
2.110	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 1213 W 8TH ST APT 3, WILMINGTON, DE 19806	DIANE L YOUNG 4603 LITTLE ROCK RD WILMINGTON, DE 19802
2.111	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 112 HOLMES ST, DOVER, DE 19901	DIVINE CONNECTIONS PROP P.O. BOX 321 SMYRNA, DE 19977
2.112	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	DAY AND RESIDENTIAL CONTRACT	DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES 2540 WRANGLE HILL RD BEAR, DE 19701
2.113	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 26479 BAY FARM ROAD, MILLSBORO, DE 19966	DKR LLC 24265 CANAL DR MILLSBORO, DE 19966

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2.114	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 26495 BAY FARM ROAD, MILLSBORO, DE 19966</b>	<b>DKR LLC 24265 CANAL DR MILLSBORO, DE 19966</b>
2.115	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 22206 CAREYS CAMP, MILLSBORO, DE 19966</b>	<b>DKR LLC - DAISEY TRUST 24265 CANAL DR MILLSBORO, DE 19966</b>
2.116	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 2112 PASTERNAK PLACE, NEWARK, DE 19702</b>	<b>DONALD FOLEY 93 FOLEY RD WARWICK, MD 21912</b>
2.117	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 1908 DUMAS PLACE, NEWARK, DE 19710</b>	<b>DONALD FOLEY - SEA SANDS 93 FOLEY RD WARWICK, MD 21912</b>
2.118	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 5 E LOCKWOOD ST, MIDDLETOWN, DE 19709</b>	<b>DONALD FOLEY/JOHN CUSHING 93 FOLEY RD WARWICK, MD 21912</b>
2.119	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 11 CLINTON COURT APT A, NEW CASTLE, DE 19720</b>	<b>DONALD FOLEY/JOHN CUSHING 93 FOLEY RD WARWICK, MD 21912</b>

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2.120	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 18 HUNTER ROAD, NEW CASTLE, DE 19720</b>	<b>DOUGLAS J SALTER 621 DELAWARE ST NEW CASTLE, DE 19720</b>
2.121	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 23973 E MIDDLECORD CIRCLE, SEAFORD, DE 19973</b>	<b>DOVE ROAD, LLC 25051 WARD FARM LN MILLSBORO, DE 19966</b>
2.122	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 51 WEBBS LANE APT A05, DOVER, DE 19904</b>	<b>DOVER INVESTORS, LP 901 HARVEST DR, STE 105 BLUE BELL, PA 19422</b>
2.123	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 51 WEBBS LANE APT AA05, DOVER, DE 19904</b>	<b>DOVER INVESTORS, LP 901 HARVEST DR, STE 105 BLUE BELL, PA 19422</b>
2.124	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 51 WEBBS LANE APT C07, DOVER, DE 19904</b>	<b>DOVER INVESTORS, LP 901 HARVEST DR, STE 105 BLUE BELL, PA 19422</b>
2.125	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 51 WEBBS LANE APT E04, DOVER, DE 19904</b>	<b>DOVER INVESTORS, LP 901 HARVEST DR, STE 105 BLUE BELL, PA 19422</b>

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2.126	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 51 WEBBS LANE APT O01, DOVER, DE 19904</b>	<b>DOVER INVESTORS, LP 901 HARVEST DR, STE 105 BLUE BELL, PA 19422</b>
2.127	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 51 WEBBS LANE APT P05, DOVER, DE 19904</b>	<b>DOVER INVESTORS, LP 901 HARVEST DR, STE 105 BLUE BELL, PA 19422</b>
2.128	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 255 WEBBS LANE APT B13, DOVER, DE 19904</b>	<b>DOVER INVESTORS, LP 901 HARVEST DR, STE 105 BLUE BELL, PA 19422</b>
2.129	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 255 WEBBS LANE APT C12, DOVER, DE 19904</b>	<b>DOVER INVESTORS, LP 901 HARVEST DR, STE 105 BLUE BELL, PA 19422</b>
2.130	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 255 WEBBS LANE APT D24, DOVER, DE 19904</b>	<b>DOVER INVESTORS, LP 901 HARVEST DR, STE 105 BLUE BELL, PA 19422</b>
2.131	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 255 WEBBS LANE APT G13, DOVER, DE 19904</b>	<b>DOVER INVESTORS, LP 901 HARVEST DR, STE 105 BLUE BELL, PA 19422</b>

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2.132	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 255 WEBBS LANE APT G21, DOVER, DE 19904	DOVER INVESTORS, LP 901 HARVEST DR, STE 105 BLUE BELL, PA 19422
2.133	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 3102 DRUMMOND PLAZA BLDG 1, NEWARK, DE 19711	DRUMMOND PLAZA ASSOC LLC 2126 W NEWPORT PIKE, STE 200 WILMINGTON, DE 19804
2.134	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 3102 DRUMMOND PLAZA BLDG 1 #1201, NEWARK, DE 19711	DRUMMOND PLAZA ASSOC LLC 2126 W NEWPORT PIKE, STE 200 WILMINGTON, DE 19804
2.135	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 3102 DRUMMOND PLAZA BLDG 1 #1208, NEWARK, DE 19711	DRUMMOND PLAZA ASSOC LLC 2126 W NEWPORT PIKE, STE 200 WILMINGTON, DE 19804
2.136	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 3102 DRUMMOND PLAZA BLDG 1 #1210, NEWARK, DE 19711	DRUMMOND PLAZA ASSOC LLC 2126 W NEWPORT PIKE, STE 200 WILMINGTON, DE 19804
2.137	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 3103 DRUMMOND PLAZA BLDG 1, NEWARK, DE 19711	DRUMMOND PLAZA ASSOC LLC 2126 W NEWPORT PIKE, STE 200 WILMINGTON, DE 19804

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2.138	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 3103</b> DRUMMOND PLAZA BLDG 1 #1303, NEWARK, DE 19711	<b>DRUMMOND PLAZA ASSOC LLC</b> 2126 W NEWPORT PIKE, STE 200 WILMINGTON, DE 19804
2.139	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 3106</b> DRUMMOND PLAZA BLDG 1 #1302, NEWARK, DE 19711	<b>DRUMMOND PLAZA ASSOC LLC</b> 2126 W NEWPORT PIKE, STE 200 WILMINGTON, DE 19804
2.140	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>OUTPATIENT, HUB RENT</b>	<b>DRUMMOND PLAZZA ASSOCIATE</b> 3106 DRUMMOND PLZ, BLDG 3 1ST FL NEWARK, DE 19711
2.141	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>OUTPATIENT, HUB RENT</b>	<b>DRUMMOND PLAZZA ASSOCIATE</b> 3202 DRUMMOND PLZ, BLDG 3 2ND FL NEWARK, DE 19711
2.142	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>OUTPATIENT, HUB RENT</b>	<b>DRUMMOND PLAZZA ASSOCIATE</b> 3204 DRUMMOND PLZ, BLDG 3 3RD FL NEWARK, DE 19711
2.143	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 8</b> CHATHAM LANE APT 8A, NEWARK, DE 19713	<b>EAST COAST PRIDES COURT</b> 6-F SUSSEX RD NEWARK, DE 19713

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2.144	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 15 CHATHAM LANE APT 15J, NEWARK, DE 19713</b>	<b>EAST COAST PRIDES COURT 6-F SUSSEX RD NEWARK, DE 19713</b>
2.145	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 1 CHATHAM LANE APT B, NEWARK, DE 19713</b>	<b>EAST COURT PRIDES COURT 1751 PINNACLE DR, STE 700 MCLEAN, VA 22102</b>
2.146	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 1404 COVENTRY LANE (THE ELMS), NEWARK, DE 19713</b>	<b>ELMS HOLDING COMPANY LLC 1504 N BROOM, STE 3 WILMINGTON, DE 19806</b>
2.147	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 2203 WASHINGTON ST APT 1, WILMINGTON, DE 19802</b>	<b>ELTON GEORGE, JR 15 MATTHEWS RD NEWARK, DE 19713</b>
2.148	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 54 CHESWOLD BLVD APT 308, NEWARK, DE 19711</b>	<b>EMPIRE DELAWARE LLC 240 NEW YORK DR, STE 1 FT WASHINGTON, PA 19034</b>
2.149	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 231 BRADFORD APT 3, DOVER, DE 19904</b>	<b>ERA HARRINGTON - JAMIE 736 N DUPONT HWY DOVER, DE 19901</b>

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2.150	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 6 S GOVERNORS AVE APT A, DOVER, DE 19901</b>	<b>ERAMACK PROPERTIES LLC 38218 YACHT BASIN RD OCEAN VIEW, DE 19970</b>
2.151	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 87 WEST VIEW AVE, OCEAN VIEW, DE 19970</b>	<b>ERAMACK PROPERTIES LLC 38218 YACHT BASIN RD OCEAN VIEW, DE 19970</b>
2.152	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>VENDOR CONTRACTS</b>	<b>EXCEL PRINTERS 201 RUTHAR DR NEWARK, DE 19711</b>
2.153	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 1623 WEST 4TH ST, WILMINGTON, DE 19805</b>	<b>FEDALE PROPERTIES - BENNETT 101 S MARY ST WILMINGTON, DE 19804</b>
2.154	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 201 1/2 PHILADELPHIA PIKE #107, WILMINGTON, DE 19809</b>	<b>FERRETTI TRUST 4 LLC 15332 ANTIOCH ST, STE 198 PACIFIC PALISADES, CA 90272</b>
2.155	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 208 N NEW ST, DOVER, DE 19904</b>	<b>FIRST CLASS PROPERTY MGT 1641 E LEBANON RD DOVER, DE 19901</b>

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2.156	State what the contract or lease is for and the nature of the debtor's interest	<b>TRANSPORTATION CONTRACT</b>	FOOD BANK OF DELAWARE, INC 222 LAKE DR NEWARK, DE 19702
	State the term remaining List the contract number of any government contract	Indefinite until terminated N/A	
2.157	State what the contract or lease is for and the nature of the debtor's interest	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 1712</b> REINDEER PL., BEAR, DE 19701	FOX RUN ASSOCIATES LLC 900 WOODCHUCK PL BEAR, DE 01971
	State the term remaining List the contract number of any government contract	N/A	
2.158	State what the contract or lease is for and the nature of the debtor's interest	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 1108</b> S RODNEY ST APT A, WILMINGTON, DE 19805	FRANCESCO A VATTILANA 4 LONGFORD CT WILMINGTON, DE 19808
	State the term remaining List the contract number of any government contract	N/A	
2.159	State what the contract or lease is for and the nature of the debtor's interest	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 1108</b> S RODNEY ST APT B, WILMINGTON, DE 19805	FRANCESCO A VATTILANA 4 LONGFORD CT WILMINGTON, DE 19808
	State the term remaining List the contract number of any government contract	N/A	
2.160	State what the contract or lease is for and the nature of the debtor's interest	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 121</b> E HIGH ST, SEAFORD, DE 19973	FRE INVESTMENTS LLC 20498 SANFILIPPO RD BRIDGEVILLE, DE 19933
	State the term remaining List the contract number of any government contract	N/A	
2.161	State what the contract or lease is for and the nature of the debtor's interest	<b>RESEARCH AGREEMENT</b>	FRIENDS RESEARCH INSTITUTE, INC 1040 PARK AVE, STE 103 BALTIMORE, MD 21201
	State the term remaining List the contract number of any government contract	910 N/A	

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2.162	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 900 PEACHTREE RD APT F, CLAYMONT, DE 19703</b>	<b>GALMAN GROUP 261 OLD YORK RD, STE 110 JENKINTOWN, PA 19046</b>
2.163	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 730 PEACHTREE RD APT 3, CLAYMONT, DE 19703</b>	<b>GALMAN GROUP/EDGE 261 OLD YORK RD, STE 110 JENKINTOWN, PA 19046</b>
2.164	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 217 W REED ST APT A, DOVER, DE 19904</b>	<b>GEMS PROP - HERMAN 106 BEACHSIDE DR STEVENSVILLE, MD 21666</b>
2.165	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 217 W REED ST APT B, DOVER, DE 19904</b>	<b>GEMS PROP - HERMAN 106 BEACHSIDE DR STEVENSVILLE, MD 21666</b>
2.166	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 219 W REED ST APT A, DOVER, DE 19904</b>	<b>GEMS PROP - HERMAN 106 BEACHSIDE DR STEVENSVILLE, MD 21666</b>
2.167	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 219 W REED ST APT B, DOVER, DE 19904</b>	<b>GEMS PROP - HERMAN 106 BEACHSIDE DR STEVENSVILLE, MD 21666</b>

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2.168	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 561</b> MOOSE LODGE RD APT B, CAMDEN, DE 19934	<b>GEORGE W MOORE</b> 1415 ANDREWS LAKE RD FELTON, DE 19943
2.169	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 241</b> W CHESTNUT HILL RD, NEWARK, DE 19711	<b>GEORGIA IRWIN- DE HOMES</b> 402 MAIN ST P.O. BOX 38 TOWNSEND, DE 19704
2.170	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 113</b> S BRADFORD ST APT A, DOVER, DE 19901	<b>GIA DOWNTOWN PROPERTIES</b> 736 N DUPONT HWY DOVER, DE 19901
2.171	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 517</b> LAFAYETTE BLVD, WILMINGTON, DE 19801	<b>GLEN P TRUDEL</b> 114 ROCKLAND CIR WILMINGTON, DE 19803
2.172	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 709</b> N MARKET ST APT 4C, WILMINGTON, DE 198081	<b>HAN REAL ESTATE</b> 614 E BASIN RD NEW CASTLE, DE 19720
2.173	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 12</b> NORWAY AVE, WILMINGTON, DE 19804	<b>HARRIET SACHS</b> 1205 STONEY RUN DR WILMINGTON, DE 19803

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2.174	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 818 S BROOM APT 1B, WILMINGTON, DE 19805</b>	<b>HARVIS LLC 45-06 QUEENS BLVD, STE 317 SUNNYSIDE, NY 11104</b>
2.175	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 1233 CHESTNUT ST, WILMINGTON, DE 19805</b>	<b>HAYIM/SUSAN ANCEL 2533 S WATTS ST PHILADELPHIA, PA 19148</b>
2.176	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>VENDOR CONTRACTS</b>	<b>HERITAGE PRINTER P.O. BOX 41602 PHILADELPHIA, PA 19101-1602</b>
2.177	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 318 EAST 5TH ST APT B, LAUREL, DE 19956</b>	<b>HERR RENTALS - CHAD 110 WILLIAM ROSS LN SEAFORD, DE 19973</b>
2.178	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>MASTER HEALTH SERVICES AGREEMENT</b>	<b>HIGHMARK BLUE CROSS BLUE SHIELD DELAWARE 800 DELAWARE AVE WILMINGTON, DE 19801</b>
2.179	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>PARTICIPATING PROVIDER AGREEMENT</b>	<b>HIGHMARK BLUE SHIELD P.O. BOX 898842 CAMP HILL, PA 17089</b>
			<b>Indefinite until terminated (90-day notice)</b>
			<b>N/A</b>
			<b>Indefinite until terminated (90 days notice)</b>
			<b>15049002506</b>

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2.180	State what the contract or lease is for and the nature of the debtor's interest	<b>MANAGEMENT AGREEMENT</b>	HOUSING DEVELOPMENT CORPORATION MIDATLANTIC 4-6 WEST KING ST LANCASTER, PA 17603
	State the term remaining List the contract number of any government contract	Indefinite until terminated (90-day notice) N/A	
2.181	State what the contract or lease is for and the nature of the debtor's interest	<b>ADMINISTRATIVE SERVICES AGREEMENT</b>	INTERFLEX PAYMENTS LLC DBA AMERIFLEX 2508 HIGHLANDER WAY, STE 200 CARROLLTON, TX 75006
	State the term remaining List the contract number of any government contract	469 N/A	
2.182	State what the contract or lease is for and the nature of the debtor's interest	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 312 W 8TH ST APT 17, WILMINGTON, DE 19801</b>	IRVIN LEVIN P.O. BOX 799 CLAYMONT, DE 19703
	State the term remaining List the contract number of any government contract	N/A	
2.183	State what the contract or lease is for and the nature of the debtor's interest	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 312 W 8TH ST APT 19, WILMINGTON, DE 19801</b>	IRVIN LEVIN P.O. BOX 799 CLAYMONT, DE 19703
	State the term remaining List the contract number of any government contract	N/A	
2.184	State what the contract or lease is for and the nature of the debtor's interest	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 2507 BAYNARD BLVD, WILMINGTON, DE 19802</b>	IRVIN LEVIN P.O. BOX 799 CLAYMONT, DE 19703
	State the term remaining List the contract number of any government contract	N/A	
2.185	State what the contract or lease is for and the nature of the debtor's interest	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 2509 BAYNARD BLVD APT 1F, WILMINGTON, DE 19802</b>	IRVIN LEVIN P.O. BOX 799 CLAYMONT, DE 19703
	State the term remaining List the contract number of any government contract	N/A	

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2.186	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 2509 BAYNARD BLVD APT 3F, WILMINGTON, DE 19802	IRVIN LEVIN P.O. BOX 799 CLAYMONT, DE 19703
2.187	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 210 E 16TH ST APT 1C, WILMINGTON, DE 19801	IRVIN LEVIN/PENCADER P.O. BOX 799 CLAYMONT, DE 19703
2.188	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 210 E 16TH ST APT 2B, WILMINGTON, DE 19801	IRVIN LEVIN/PENCADER P.O. BOX 799 CLAYMONT, DE 19703
2.189	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 210 E 16TH ST APT 3C, WILMINGTON, DE 19801	IRVIN LEVIN/PENCADER P.O. BOX 799 CLAYMONT, DE 19703
2.190	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 210 E 16TH ST APT 3D, WILMINGTON, DE 19801	IRVIN LEVIN/PENCADER P.O. BOX 799 CLAYMONT, DE 19703
2.191	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 210 E 16TH ST APT 4A, WILMINGTON, DE 19801	IRVIN LEVIN/PENCADER P.O. BOX 799 CLAYMONT, DE 19703

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2.192	State what the contract or lease is for and the nature of the debtor's interest	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 2201 N WASHINGTON ST APT 2, WILMINGTON, DE 19802</b>	IRVIN LEVIN/PENCADER P.O. BOX 799 CLAYMONT, DE 19703
	State the term remaining List the contract number of any government contract	N/A	
2.193	State what the contract or lease is for and the nature of the debtor's interest	<b>VENDOR CONTRACTS</b>	<b>IT DATA 1628 JFK BLVD, STE 2110 PHILADELPHIA, PA 19103</b>
	State the term remaining List the contract number of any government contract	N/A	
2.194	State what the contract or lease is for and the nature of the debtor's interest	<b>MANAGEMENT SERVICES &amp; SUPPORT AGREEMENT</b>	<b>ITDATA, INC 1628 JFK BLVD, STE 2110 PHILADELPHIA, PA 19103</b>
	State the term remaining List the contract number of any government contract	Indefinite until terminated (90-day notice) N/A	
2.195	State what the contract or lease is for and the nature of the debtor's interest	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 1112 HOUSTON DRIVE, MILLSBORO, DE 19966</b>	<b>JACK LINGO/YOUNT 29442 DUPONT BLVD MILLSBORO, DE 19966</b>
	State the term remaining List the contract number of any government contract	N/A	
2.196	State what the contract or lease is for and the nature of the debtor's interest	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 110 GORDON PLACE, DOVER, DE 19901</b>	<b>JACOB BYLER - TRI- COUNTY P.O. BOX 10 DOVER, DE 19903</b>
	State the term remaining List the contract number of any government contract	N/A	
2.197	State what the contract or lease is for and the nature of the debtor's interest	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 172 BERTHA DRIVE, MAGNOLIA, DE 19962</b>	<b>JACOB BYLER - TRI- COUNTY P.O. BOX 10 DOVER, DE 19903</b>
	State the term remaining List the contract number of any government contract	N/A	

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2.198	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 827 W 4TH ST APT 2, WILMINGTON, DE 19801</b>	<b>JAMES A BYRD - BYRDS NEST 2627 POINT BREEZE DR WILMINGTON, DE 19810</b>
2.199	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 827 W 4TH ST APT 3, WILMINGTON, DE 19801</b>	<b>JAMES A BYRD - BYRDS NEST 2627 POINT BREEZE DR WILMINGTON, DE 19810</b>
2.200	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 1001 WHITE OAK RD APT M11, DOVER, DE 19904</b>	<b>JAMES A MUNSON SR 43 RED TAIL DR DOVER, DE 19904</b>
2.201	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 33334 SHARKEY'S LANE, MILLSBORO, DE 19966</b>	<b>JAMES SAUERS - RITTER 25269 MASTERMARK LN MILLSBORO, DE 19966</b>
2.202	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 26234 JEANNETTE ROAD, MILLSBORO, DE 19966</b>	<b>JEANNETTE JACK 26198 JEANNETTE RD MILLSBORO, DE 19966</b>
2.203	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 224 W DIVISION ST APT A, DOVER, DE 19901</b>	<b>JOANN DOWD 80 CASE RIDGE RD DOVER, DE 19901</b>

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2.204	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 221 N MARSHALL ST APT 2, NEWPORT, DE 19804</b>	<b>JOHN EVANCHO - EVA SMT 408 N JAMES ST, STE 13 NEWPORT, DE 19804</b>
2.205	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 218 N KIRKWOOD ST, DOVER, DE 19901</b>	<b>JOHN/KAREN MARBLE 4495 N DUPONT HWY DOVER, DE 19901</b>
2.206	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 222 N KIRKWOOD ST, DOVER, DE 19901</b>	<b>JOHN/KAREN MARBLE 4495 N DUPONT HWY DOVER, DE 19901</b>
2.207	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 24168 GERMAN ROAD, SEAFORD, DE 19973</b>	<b>JOSE LOPEZ 9293 CRIMSON CT DALLAS, TX 75217</b>
2.208	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 2508 BELFORD DR, WILMINGTON, DE 19808</b>	<b>JOSEPH S &amp; KAREN F COEN 1406 JAN DR WILMINGTON, DE 19803</b>
2.209	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 109 E 39TH ST, WILMINGTON, DE 19802</b>	<b>JOSHUA LAFFERTY P.O. BOX 3214 WILMINGTON, DE 19804</b>

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2.210	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 115</b> WINDER ROAD, NEW CASTLE, DE 19720	<b>JOSHUA LIDBERG</b> 1141 S 20TH, UNIT 3 PHILADELPHIA, PA 19146
2.211	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 4624</b> GRIFFIN DRIVE, WILMINGTON, DE 19808	<b>JR PROPERTIES OF DE</b> 103 HUNT VALLEY LOOP ELKTON, MD 21921
2.212	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 1005</b> WRIGHT ST APT A, WILMINGTON, DE 19805	<b>JS HOLDINGS LLC</b> 10 JANVIER AVE NEW CASTLE, DE 19720
2.213	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 2673</b> JERSEY ROAD, MILLSBORO, DE 19966	<b>JUAN CASAS</b> 213 WALNUT ST BRIDGEVILLE, DE 19933
2.214	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 402</b> W 7TH ST APT 2, LAUREL, DE 19956	<b>JW SCOTT RENTALS</b> 38199 WHALEYS RD DELMAR, DE 19940
2.215	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 31</b> WESTFIELD DRIVE, NEWARK, DE 19711	<b>JYCC LLC/JACK CHIU</b> 138 PHILIP DR PRINCETON, NJ 08540

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2.216	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 701 COLLINS AVENUE, SEAFORD, DE 19973</b>	<b>KATHERINE INGRAHAM P.O. BOX 334 PRESTONE, MD 21655</b>
2.217	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 221 N BRADFORD ST, SEAFORD, DE 19973</b>	<b>KATHRYN S MOORE - WILGUS 10977 STATE ST UNIT 7 DELMAR, DE 19940</b>
2.218	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 1 HARLECH HALL, DOVER, DE 19904</b>	<b>KELLER WILLIAMS/LCD 1671 S STATE ST DOVER, DE 19901</b>
2.219	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 19 W 24TH ST APT 1, WILMINGTON, DE 19806</b>	<b>KENNETH STANFORD 63 MILLWOOD DR MIDDLETOWN, DE 19709</b>
2.220	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 23 BELMONT AVE APT C, WILMINGTON, DE 19804</b>	<b>KEVIN EVANCHO 206 CHEYNEY CT HOCKESSIN, DE 19707</b>
2.221	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 118 S MARYLAND AVE APT 3, WILMINGTON, DE 19804</b>	<b>KEVIN EVANCHO 206 CHEYNEY CT HOCKESSIN, DE 19707</b>

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2.222	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining List the contract number of any government contract	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 1120 N CLAYTON ST, WILMINGTON, DE 19805  N/A	KURSH/LONG & FOSTER 14501 GEORGE CARTER WAY, 3RD FL CHANTILLY, VA 20151
2.223	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining List the contract number of any government contract	VENDOR CONTRACTS  N/A	KYOCERA PRINTERS 5020 CAMPBELL BLVD, STE BALTIMORE, MD 21236
2.224	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining List the contract number of any government contract	PATIENT SPECIMEN COLLECTION AGREEMENT  Indefinite until terminated (5-day notice)  N/A	LABORATORY CORPORATION OF AMERICA HOLDINGS 4-6 WEST KING ST LANCASTER, PA 17603
2.225	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining List the contract number of any government contract	PATIENT SPECIMEN COLLECTION AGREEMENT  Indefinite until terminated  N/A	LABORATORY CORPORATION OF AMERICA HOLDINGS 4-6 WEST KING ST LANCASTER, PA 17603
2.226	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining List the contract number of any government contract	PATIENT SPECIMEN COLLECTION AGREEMENT  Indefinite until terminated  N/A	LABORATORY CORPORATION OF AMERICA HOLDINGS 4-6 WEST KING ST LANCASTER, PA 17603
2.227	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining List the contract number of any government contract	PATIENT SPECIMEN COLLECTION AGREEMENT  Indefinite until terminated  N/A	LABORATORY CORPORATION OF AMERICA HOLDINGS 4-6 WEST KING ST LANCASTER, PA 17603

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

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**List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.228	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 43 COURT DR APT A, WILMINGTON, DE 19805</b>	<b>LANCASTER COURT APTS LLC P.O. BOX 609 SOUTHEASTERN, PA 19399</b>
2.229	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 1328 N WALNUT ST APT 1, WILMINGTON, DE 19806</b>	<b>LANDMARK RENTAL INC 4623 WELDIN RD WILMINGTON, DE 19803</b>
2.230	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>VENDOR CONTRACTS</b>	<b>LANPROS 406 SUBURBAN DR PMB, STE174 NEWARK, DE 19711</b>
2.231	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 5 COLONY BLVD APT 509, WILMINGTON, DE 19802</b>	<b>LAS CASA APTS - COLONY BLVD 5 COLONY BLVD, STE101 WILMINGTON, DE 19802</b>
2.232	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 209 GREENBANK RD APT C1, WILMINGTON, DE 19808</b>	<b>LEA BOULEVARD APTS 2007 LLC P.O. BOX 737 LAKEWOOD, NJ 08701</b>
2.233	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 606 W LEA BLVD APT A4, WILMINGTON, DE 19802</b>	<b>LEA BOULEVARD APTS 2007 LLC P.O. BOX 737 LAKEWOOD, NJ 08701</b>

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2.234	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 606 W LEA BLVD APT B4, WILMINGTON, DE 19802</b>	<b>LEA BOULEVARD APTS 2007 LLC P.O. BOX 737 LAKEWOOD, NJ 08701</b>
2.235	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 16 WEST NORTH ST, GEORGETOWN, DE 19947</b>	<b>LESTER REALTY - SEED 2 208 W MARKET ST GEORGETOWN, DE 19947</b>
2.236	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 26 WINCHESTER RD APT 26A, NEWARK, DE 19713</b>	<b>LIBERTY SQUARE APTS 6-F SUSSEX RD NEWARK, DE 19713</b>
2.237	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>PHARMACY SERVICES AGREEMENT</b>	<b>LIFE TREE PHARMACY SERVICES 5 BLUE HERON DR COLLEGEVILLE, PA 19426</b>
2.238	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>PHARMACY SERVICES AGREEMENT</b>	<b>LIFE TREE PHARMACY SERVICES 5 BLUE HERON DR COLLEGEVILLE, PA 19426</b>
2.239	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>PHARMACY SERVICES AGREEMENT</b>	<b>LIFE TREE PHARMACY SERVICES 5 BLUE HERON DR COLLEGEVILLE, PA 19426</b>

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2.240	State what the contract or lease is for and the nature of the debtor's interest	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 1210 TERRA HILL DR APT 3A, WILMINGTON, DE 19809	LIGHTHOUSE HILL - WOODS EDGE 1204 TERRA HILL DR, APT 3B WILMINGTON, DE 19809
	State the term remaining List the contract number of any government contract	N/A	
2.241	State what the contract or lease is for and the nature of the debtor's interest	OUTPATIENT RENT	LINDA DOLAN 321 OLD LANDING RD MILLSBORO, DE 19966
	State the term remaining List the contract number of any government contract	955	
2.242	State what the contract or lease is for and the nature of the debtor's interest	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 209 HILLVIEW AVE, NEW CASTLE, DE 19720	LLOYD/MIRANDA BEAUDETTE 134 HONORA DR BEAR, DE 19701
	State the term remaining List the contract number of any government contract	N/A	
2.243	State what the contract or lease is for and the nature of the debtor's interest	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 1320 CLIFFORD BROWN WALK APT 309, WILMINGTON, DE 19801	LOFTS @ CLIFFORD BROWN 1320 CLIFFORD BROWN WALK WILMINGTON, DE 19801
	State the term remaining List the contract number of any government contract	N/A	
2.244	State what the contract or lease is for and the nature of the debtor's interest	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 102 N PENNSYLVANIA AVE APT 1, DELMAR, DE 19940	MADIGAN PROPERTY MGT 8801 GREENWOOD RD GREENWOOD, DE 19950
	State the term remaining List the contract number of any government contract	N/A	
2.245	State what the contract or lease is for and the nature of the debtor's interest	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 102 N PENNSYLVANIA AVE APT 2, DELMAR, DE 19940	MADIGAN PROPERTY MGT 8801 GREENWOOD RD GREENWOOD, DE 19950
	State the term remaining List the contract number of any government contract	N/A	

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2.246	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 102 N PENNSYLVANIA AVE APT 3, DELMAR, DE 19940	MADIGAN PROPERTY MGT 8801 GREENWOOD RD GREENWOOD, DE 19950
2.247	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 102 N PENNSYLVANIA AVE APT 4, DELMAR, DE 19940	MADIGAN PROPERTY MGT 8801 GREENWOOD RD GREENWOOD, DE 19950
2.248	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 102 N PENNSYLVANIA AVE APT 5, DELMAR, DE 19940	MADIGAN PROPERTY MGT 8801 GREENWOOD RD GREENWOOD, DE 19950
2.249	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 6656 SHAWNEE ROAD APT 1, MILFORD, DE 19963	MADIGAN PROPERTY MGT 8801 GREENWOOD RD GREENWOOD, DE 19950
2.250	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 21 BEECH AVENUE, WILMINGTON, DE 19805	MANG WONG/LING CHEUMG 600 SUNFLOWER CIR HOCKESSIN, DE 19707
2.251	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 23 BEECH AVENUE, WILMINGTON, DE 19805	MANG WONG/LING CHEUMG 600 SUNFLOWER CIR HOCKESSIN, DE 19707

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2.252	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 233 N WEST ST, DOVER, DE 19901</b>	<b>MARBLE MANAGEMENT 4495 N DUPONT HWY DOVER, DE 19901</b>
2.253	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>MANAGEMENT (PARTNERSHIP) AGREEMENT</b>	<b>MARCELLA'S HOUSE, LP 3821 LANCASTER PIKE WILMINGTON, DE 19805</b>
2.254	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 507 W 6TH STREET APT 1, WILMINGTON, DE 19801</b>	<b>MARCUS LEWIS 1106 W 7TH ST WILMINGTON, DE 19805</b>
2.255	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 511 N WASHINGTON ST APT 1, WILMINGTON, DE 19801</b>	<b>MARCUS LEWIS 1106 W 7TH ST WILMINGTON, DE 19805</b>
2.256	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 511 N WASHINGTON ST APT 3, WILMINGTON, DE 19801</b>	<b>MARCUS LEWIS 1106 W 7TH ST WILMINGTON, DE 19805</b>
2.257	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 823 W 4TH ST 1ST FLR REAR, WILMINGTON, DE 19801</b>	<b>MARCUS LEWIS 1106 W 7TH ST WILMINGTON, DE 19805</b>

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2.258	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 823 W 4TH ST APT 1, WILMINGTON, DE 19801	MARCUS LEWIS 1106 W 7TH ST WILMINGTON, DE 19805
2.259	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 31 BRADFORD ST APT 2, DOVER, DE 19902	MCGINNIS COMML REAL EST 555 E LOOCKERMAN ST DOVER, DE 19901
2.260	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 14 LEA BOULEVARD APT D, WILMINGTON, DE 19802	MCLEAN PROPERTIES, LLC 240 N JAMES ST, STE 100C NEWPORT, DE 19804
2.261	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 622 HOMESTEAD RD APT B, WILMINGTON, DE 19805	MCLEAN PROPERTIES, LLC 240 N JAMES ST, STE 100C NEWPORT, DE 19804
2.262	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 1119 BEECH ST, WILMINGTON, DE 19805	MCLEAN PROPERTIES, LLC 240 N JAMES ST, STE 100C NEWPORT, DE 19804
2.263	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 26 WINTERHAVEN DR APT 3, NEWARK, DE 19702	METROPOLITAN MGT GROUP 41 WINTERHAVEN DR NEWARK, DE 19702

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2.264	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 20 GLENRICH AVE APT 12, WILMINGTON, DE 19804	MEYER & MEYER REALTY 2706 KIRKWOOD HWY WILMINGTON, DE 19805
2.265	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 20 GLENRICH AVE APT 6, WILMINGTON, DE 19804	MEYER & MEYER REALTY 2706 KIRKWOOD HWY WILMINGTON, DE 19805
2.266	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 20 GLENRICH AVE APT 7, WILMINGTON, DE 19804	MEYER & MEYER REALTY 2706 KIRKWOOD HWY WILMINGTON, DE 19805
2.267	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 305 W 18TH ST APT 1, WILMINGTON, DE 19802	MEYER & MEYER REALTY 2706 KIRKWOOD HWY WILMINGTON, DE 19805
2.268	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 1411 MAPLE STREET, WILMINGTON, DE 19805	MEYER & MEYER REALTY 2706 KIRKWOOD HWY WILMINGTON, DE 19805
2.269	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 2307 N HARRISON ST APT 1, WILMINGTON, DE 19802	MEYER & MEYER REALTY 2706 KIRKWOOD HWY WILMINGTON, DE 19805

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2.270	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 2307 N HARRISON ST APT 17, WILMINGTON, DE 19802</b>	<b>MEYER &amp; MEYER REALTY 2706 KIRKWOOD HWY WILMINGTON, DE 19805</b>
2.271	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 11 OPUS DRIVE, NEWARK, DE 19711</b>	<b>MICHAEL BRUNO 11 1/2 OPUS DR NEWARK, DE 19702</b>
2.272	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 100 GARFIELD AVENUE, NEW CASTLE, DE 19720</b>	<b>MICHAEL JOYCE 2031 OLD ARCH RD NORRISTOWN, PA 19401</b>
2.273	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>VENDOR CONTRACTS</b>	<b>MICROSOFT ATTN: SALE OPERATIONS FARGO, ND 58104</b>
2.274	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 102 RICHARDS DRIVE APT 202, NEWPORT, DE 19804</b>	<b>MID- ATLANTIC REALTY CO INC 39 ABBEY LN NEWARK, DE 19711</b>
2.275	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 106 RICHARDS DRIVE APT 201, NEWPORT, DE 19805</b>	<b>MID- ATLANTIC REALTY CO INC 39 ABBEY LN NEWARK, DE 19711</b>

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2.276	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 758</b> CHRISTIANA RD APT 1002, NEWARK, DE 19713	MID- ATLANTIC REALTY CO INC 39 ABBEY LN NEWARK, DE 19711
2.277	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 758</b> CHRISTIANA RD APT 307, NEWARK, DE 19711	MID- ATLANTIC REALTY CO INC 39 ABBEY LN NEWARK, DE 19711
2.278	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 758</b> CHRISTIANA RD APT 311, NEWARK, DE 19711	MID- ATLANTIC REALTY CO INC 39 ABBEY LN NEWARK, DE 19711
2.279	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 758</b> CHRISTIANA RD APT 902, NEWARK, DE 19713	MID- ATLANTIC REALTY CO INC 39 ABBEY LN NEWARK, DE 19711
2.280	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 320</b> RAYMOND ST APT 101, DOVER, DE 19904	MISHOE COVE, LLC 320 RAYMOND DOVER, DE 19904
2.281	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 320</b> RAYMOND ST APT 107, DOVER, DE 19904	MISHOE COVE, LLC 320 RAYMOND DOVER, DE 19904

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2.282	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 320 RAYMOND ST APT 200, DOVER, DE 19904</b>	<b>MISHOE COVE, LLC 320 RAYMOND DOVER, DE 19904</b>
2.283	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 320 RAYMOND ST APT 208, DOVER, DE 19904</b>	<b>MISHOE COVE, LLC 320 RAYMOND DOVER, DE 19904</b>
2.284	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 320 RAYMOND ST APT 301, DOVER, DE 19904</b>	<b>MISHOE COVE, LLC 320 RAYMOND DOVER, DE 19904</b>
2.285	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 320 RAYMOND ST APT 305, DOVER, DE 19904</b>	<b>MISHOE COVE, LLC 320 RAYMOND DOVER, DE 19904</b>
2.286	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 412 W 23RD ST, WILMINGTON, DE 19802</b>	<b>MOORE PROPERTIES, LLC 135 LAMONT AVE GLENOLDEN, PA 19036</b>
2.287	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 109 WILLIS DRIVE APT G, DOVER, DE 19901</b>	<b>MORGAN PROPERTIES 160 CLUBHOUSE RD KING OF PRUSSIA, PA 19406</b>

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2.288	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 166</b> WILLIS ROAD APT F, DOVER, DE 19901	<b>MORGAN PROPERTIES</b> 160 CLUBHOUSE RD KING OF PRUSSIA, PA 19406
2.289	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 309</b> TOLLHOUSE PLACE APT G103, DOVER, DE 19904	<b>MORGAN WESTOVER APTS LLC</b> 120 PENNINGTON PL DOVER, DE 19904
2.290	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 2719</b> N WASHINGTON ST APT 3, WILMINGTON, DE 19801	<b>MORNINGSTAR - K SUMMERS</b> 214 W 7TH ST WILMINGTON, DE 19801
2.291	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 101</b> N DUPONT ST APT D, WILMINGTON, DE 19805	<b>MORNINGSTAR PROPERTY GRP</b> 214 W 7TH ST WILMINGTON, DE 19801
2.292	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 400</b> W 7TH ST APT 2, WILMINGTON, DE 19801	<b>MORNINGSTAR PROPERTY GRP</b> 214 W 7TH ST WILMINGTON, DE 19801
2.293	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 530</b> EAST 10TH ST, WILMINGTON, DE 19801	<b>MORNINGSTAR PROPERTY GRP</b> 214 W 7TH ST WILMINGTON, DE 19801

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

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2.294	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 606 N WEST ST APT 4, WILMINGTON, DE 19801</b>	<b>MORNINGSTAR PROPERTY GRP 214 W 7TH ST WILMINGTON, DE 19801</b>
2.295	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 610 WASHINGTON ST APT 1, WILMINGTON, DE 19801</b>	<b>MORNINGSTAR PROPERTY GRP 214 W 7TH ST WILMINGTON, DE 19801</b>
2.296	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 612 N WASHINGTON ST APT 2, WILMINGTON, DE 19801</b>	<b>MORNINGSTAR PROPERTY GRP 214 W 7TH ST WILMINGTON, DE 19801</b>
2.297	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 824 WEST ST APT 12, WILMINGTON, DE 19801</b>	<b>MORNINGSTAR PROPERTY GRP 214 W 7TH ST WILMINGTON, DE 19801</b>
2.298	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 824 WEST ST APT 3, WILMINGTON, DE 19901</b>	<b>MORNINGSTAR PROPERTY GRP 214 W 7TH ST WILMINGTON, DE 19801</b>
2.299	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 1401 MARYLAND AVE APT A11, WILMINGTON, DE 19805</b>	<b>MORNINGSTAR PROPERTY GRP 214 W 7TH ST WILMINGTON, DE 19801</b>

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2.300	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 1401</b> <b>MARYLAND AVE APT A4, WILMINGTON, DE 19805</b>	<b>MORNINGSTAR PROPERTY GRP</b> <b>214 W 7TH ST</b> <b>WILMINGTON, DE 19801</b>
2.301	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 1401</b> <b>MARYLAND AVE APT A9, WILMINGTON, DE 19805</b>	<b>MORNINGSTAR PROPERTY GRP</b> <b>214 W 7TH ST</b> <b>WILMINGTON, DE 19801</b>
2.302	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 1401</b> <b>MARYLAND AVE APT B5, WILMINGTON, DE 19805</b>	<b>MORNINGSTAR PROPERTY GRP</b> <b>214 W 7TH ST</b> <b>WILMINGTON, DE 19801</b>
2.303	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 1401</b> <b>MARYLAND AVE APT C9, WILMINGTON, DE 19805</b>	<b>MORNINGSTAR PROPERTY GRP</b> <b>214 W 7TH ST</b> <b>WILMINGTON, DE 19801</b>
2.304	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 1716</b> <b>LANCASTER AVE APT A, WILMINGTON, DE 19805</b>	<b>MORNINGSTAR PROPERTY GRP</b> <b>214 W 7TH ST</b> <b>WILMINGTON, DE 19801</b>
2.305	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 2311</b> <b>N BROOM ST APT 2, WILMINGTON, DE 19802</b>	<b>MORNINGSTAR PROPERTY GRP</b> <b>214 W 7TH ST</b> <b>WILMINGTON, DE 19801</b>

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2.306	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 2313 N BROOM ST APT 2, WILMINGTON, DE 19802</b>	<b>MORNINSTAR PROPERTY GRP 214 W 7TH ST WILMINGTON, DE 19801</b>
2.307	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 1404 W 8TH ST APT 1, WILMINGTON, DE 19801</b>	<b>MSP MANAGEMENT SERVICES 7209 LANCASTER PIKE, STE 4-1001 HOCKESSIN, DE 19707</b>
2.308	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>OUTPATIENT, IDS, CRISP, STAFF SUCCESS, CONNECT TO WORK, IT RENT</b>	<b>NAAMANS CAP, LLC 590 NAAMANS RD CLAYMONT, DE 19703</b>
2.309	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>VENDOR CONTRACTS</b>	<b>NETCARRIER 4000 N CANNON AVE LANSDALE, PA 19446</b>
2.310	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>VOICE AND DATA MASTER SERVICES AGREEMENT</b>	<b>NETCARRIER TELECOM, INC 4000 N CANNON AVE LANSDALE, PA 19446</b>
2.311	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>VENDOR CONTRACTS</b>	<b>NEUROFEEDBACK DANS) 811 BRANDYWINE BLVD WILMINGTON, DE 19809</b>

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2.312	State what the contract or lease is for and the nature of the debtor's interest	<b>OUTPATIENT RENT</b>	OLD TOWN HALL ASSOCIATES 105 N FRONT ST SEAFORD, DE 19973
	State the term remaining List the contract number of any government contract	2355	
2.313	State what the contract or lease is for and the nature of the debtor's interest	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 201</b> 1/2 PHILADELPHIA PIKE #327, WILMINGTON, DE 19809 ADDRESS REDACTED	
	State the term remaining List the contract number of any government contract	N/A	
2.314	State what the contract or lease is for and the nature of the debtor's interest	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 241</b> N BROOM ST APT 3, WILMINGTON, DE 19805	PABIAN PROP - PROPER- T LLC 101 N MARYLAND AVE WILMINGTON, DE 19804
	State the term remaining List the contract number of any government contract	N/A	
2.315	State what the contract or lease is for and the nature of the debtor's interest	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 115</b> MATTHES AVE, WILMINGTON, DE 19804	PABIAN PROPERTIES LLC 101 N MARYLAND AVE WILMINGTON, DE 19804
	State the term remaining List the contract number of any government contract	N/A	
2.316	State what the contract or lease is for and the nature of the debtor's interest	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 502</b> N HARRISON ST APT 5, WILMINGTON, DE 19806	PABIAN PROPERTIES LLC 101 N MARYLAND AVE WILMINGTON, DE 19804
	State the term remaining List the contract number of any government contract	N/A	
2.317	State what the contract or lease is for and the nature of the debtor's interest	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 602</b> N TATNALL ST APT 2, WILMINGTON, DE 19801	PABIAN PROPERTIES LLC 101 N MARYLAND AVE WILMINGTON, DE 19804
	State the term remaining List the contract number of any government contract	N/A	

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2.318	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 604 N TATNALL ST APT 1, WILMINGTON, DE 19801	PABIAN PROPERTIES LLC 101 N MARYLAND AVE WILMINGTON, DE 19804
2.319	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 822 ANCHORAGE ST, WILMINGTON, DE 19805	PABIAN PROPERTIES LLC 101 N MARYLAND AVE WILMINGTON, DE 19804
2.320	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 2205 N TATNALL ST APT 1, WILMINGTON, DE 19801	PABIAN PROPERTIES LLC 101 N MARYLAND AVE WILMINGTON, DE 19804
2.321	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 2205 N TATNALL ST APT 2, WILMINGTON, DE 19801	PABIAN PROPERTIES LLC 101 N MARYLAND AVE WILMINGTON, DE 19804
2.322	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 1309 LINDEN ST, WILMINGTON, DE 19805	PABIAN VENTURES - HAYIM 101B MARYLAND AVE WILMINGTON, DE 19804
2.323	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 610 N TATNALL ST APT 2R, WILMINGTON, DE 19801	PABIAN VENTURES LLC 101 N MARYLAND AVE WILMINGTON, DE 19804

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2.324	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 1507</b> <b>COLEMAN ST APT 1, WILMINGTON, DE 19805</b>	<b>PABIAN VENTURES LLC</b> <b>101 N MARYLAND AVE</b> <b>WILMINGTON, DE 19804</b>
2.325	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 1507</b> <b>COLEMAN ST APT 4, WILMINGTON, DE 19805</b>	<b>PABIAN VENTURES LLC</b> <b>101 N MARYLAND AVE</b> <b>WILMINGTON, DE 19804</b>
2.326	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 9</b> <b>RUTH RD APT E1, WILMINGTON, DE 19805</b>	<b>PARKLYNN SUCCESS, LLC</b> <b>5 RUTH RD, APT G2</b> <b>WILMINGTON, DE 19805</b>
2.327	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 411</b> <b>N GOVERNORS AVE APT 3, DOVER, DE 19901</b>	<b>PARTNERS REAL ESTATE</b> <b>202 WASHINGTON ST</b> <b>DELWARE CITY, DE 19706</b>
2.328	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 814</b> <b>GRANDVIEW AVE APT 2, WILMINGTON, DE 19809</b>	<b>PATRICK EVANCHO</b> <b>13 RIDON DR</b> <b>HOCKESSIN, DE 19707</b>
2.329	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 32742 RIVER ROAD APT 1, MILLSBORO, DE 19966</b>	<b>PATRICK J TELL REAL ESTATE</b> <b>18 RICHARD DR</b> <b>LITITZ, PA 17543</b>

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2.330	State what the contract or lease is for and the nature of the debtor's interest	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 173 HAMPTON DRIVE, DOVER, DE 19904	PATTERSON- SCHWARTZ 7234 LANCASTER PIKE HOCKESSIN, DE 19707
	State the term remaining List the contract number of any government contract	N/A	
2.331	State what the contract or lease is for and the nature of the debtor's interest	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 222 WEST 17TH ST, WILMINGTON, DE 19802	PAUL M PANTANO 1504 N BROOM, STE 3 WILMINGTON, DE 19806
	State the term remaining List the contract number of any government contract	N/A	
2.332	State what the contract or lease is for and the nature of the debtor's interest	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 3821 LANCASTER PIKE, WILMINGTON, DE 19801	PE HOLDING II, LLC 1504 N BROOM, STE 3 WILMINGTON, DE 19806
	State the term remaining List the contract number of any government contract	N/A	
2.333	State what the contract or lease is for and the nature of the debtor's interest	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 1400 N KING ST APT 3, WILMINGTON, DE 19801	PENCADER REALTY
	State the term remaining List the contract number of any government contract	N/A	
2.334	State what the contract or lease is for and the nature of the debtor's interest	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 1718 N WASHINGTON ST APT 3, WILMINGTON, DE 19802	PENCADER REALTY - RENTWELL 3203 CONCORD PIKE, STE C WILMINGTON, DE 19803
	State the term remaining List the contract number of any government contract	N/A	
2.335	State what the contract or lease is for and the nature of the debtor's interest	OUTPATIENT RENT	PENNSYLVANIA AVENUE PROPERTIES 123 PENNSYLVANIA AVE SEAFORD, DE 19973
	State the term remaining List the contract number of any government contract	134	

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2.336	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 230 PRESIDENTIAL DRIVE APT 4, GREENVILLE, DE 19807</b>	<b>PETTINARO RESIDENTIAL</b>
2.337	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 500 S DUPONT APT 114-1B, NEW CASTLE, DE 19720</b>	<b>PINE VALLEY APARTMENTS 500 S DUPONT HWY NEW CASTLE, DE 19720</b>
2.338	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 500 S DUPONT APT 123-2A, NEW CASTLE, DE 19720</b>	<b>PINE VALLEY APARTMENTS 500 S DUPONT HWY NEW CASTLE, DE 19720</b>
2.339	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 500 S DUPONT APT 355-6A, NEW CASTLE, DE 19720</b>	<b>PINE VALLEY APARTMENTS 500 S DUPONT HWY NEW CASTLE, DE 19720</b>
2.340	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 500 S DUPONT APT 355-6B, NEW CASTLE, DE 19720</b>	<b>PINE VALLEY APARTMENTS 500 S DUPONT HWY NEW CASTLE, DE 19720</b>
2.341	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASE</b>	<b>PRE HOLDING CONCORD, LLC 1504 N BROOM ST, STE 3 WILMINGTON, DE 19805</b>

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2.342	State what the contract or lease is for and the nature of the debtor's interest	LEASE	PRE HOLDING II, LLC 1504 N BROOM ST, STE 3 WILMINGTON, DE 19805
	State the term remaining List the contract number of any government contract		
2.343	State what the contract or lease is for and the nature of the debtor's interest	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 26 S STATE ST APT 8, DOVER, DE 19901	PREM, INC 26 E MAIN ST, STE 340 MIDDLETOWN, DE 19709
	State the term remaining List the contract number of any government contract	N/A	
2.344	State what the contract or lease is for and the nature of the debtor's interest	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 26 S STATE ST APT 4, DOVER, DE 19901	PREM, INC - YFIRE 26 E MAIN ST, STE 340 MIDDLETOWN, DE 19709
	State the term remaining List the contract number of any government contract	N/A	
2.345	State what the contract or lease is for and the nature of the debtor's interest	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 315 BILLY MITCHELL LANE APT E307, DOVER, DE 19901	PREMIER VILLAGE APTS 2030 GENERALS WAY DOVER, DE 19901
	State the term remaining List the contract number of any government contract	N/A	
2.346	State what the contract or lease is for and the nature of the debtor's interest	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 420 N JEFFERSON ST APT 3, WILMINGTON, DE 19801	PROPERTY EXCHANGE LLC 236 KELSEY LYNN CT TOWNSEND, DE 19734
	State the term remaining List the contract number of any government contract	N/A	
2.347	State what the contract or lease is for and the nature of the debtor's interest	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 615 W 6TH STREET APT 1, WILMINGTON, DE 19801	PROPERTY EXCHANGE LLC 236 KELSEY LYNN CT TOWNSEND, DE 19734
	State the term remaining List the contract number of any government contract	N/A	

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2.348	State what the contract or lease is for and the nature of the debtor's interest	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 940 SPRUCE ST APT 1, WILMINGTON, DE 19801	PROPERTY EXCHANGE LLC 236 KELSEY LYNN CT TOWNSEND, DE 19734
	State the term remaining List the contract number of any government contract	N/A	
2.349	State what the contract or lease is for and the nature of the debtor's interest	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 2239 N PINE STREET, WILMINGTON, DE 19802	PROPERTY EXCHANGE LLC 236 KELSEY LYNN CT TOWNSEND, DE 19734
	State the term remaining List the contract number of any government contract	N/A	
2.350	State what the contract or lease is for and the nature of the debtor's interest	LEASE AGREEMENT	PURPLE LOQUAX LLC 811 BRANDYWINE BLVD WILMINGTON, DE 19809
	State the term remaining List the contract number of any government contract	0 N/A	
2.351	State what the contract or lease is for and the nature of the debtor's interest	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 811 BRANDYWINE BLVD, WILMINGTON, DE 19809	PURPLE LOQUAX LLC 811 BRANDYWINE BLVD WILMINGTON, DE 19809
	State the term remaining List the contract number of any government contract	N/A	
2.352	State what the contract or lease is for and the nature of the debtor's interest	DEVELOPMENT SERVICES AGREEMENT	QUAKER ARTS, LLC 3821 LANCASTER PIKE WILMINGTON, DE 19805
	State the term remaining List the contract number of any government contract	Indefinite (upon building completion) N/A	
2.353	State what the contract or lease is for and the nature of the debtor's interest	VENDOR CONTRACTS	QUALIFACTS 315 DEADERICK ST, STE 2300 NASHVILLE, TN 37238
	State the term remaining List the contract number of any government contract	N/A	

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**List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.354	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>BUSINESS ASSOCIATE AGREEMENT</b>  Indefinite until terminated (90-day notice)  N/A	<b>QUALIFACTS SYSTEMS, INC</b> 315 DEADERICK ST, STE 2300 NASHVILLE, TN 37238
2.355	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 729 W 9TH STREET, WILMINGTON, DE 19801</b>  N/A	<b>RACHEL LEE VINSON</b> 31 STAGE RD NEWARK, DE 19711
2.356	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 29 BRAMHALL STREET, GEORGETOWN, DE 19947</b>  N/A	<b>RAJ ENTERPRISES, LLC</b> P.O. BOX 455 GEORGETOWN, DE 19947
2.357	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 27526 POT OF GOLD CIRCLE, MILLSBORO, DE 19966</b>  N/A	<b>RAJ ENTERPRISES, LLC - C&amp;C</b> 228 S BEDFORD ST GEORGETOWN, DE 19947
2.358	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 27530 POT OF GOLD CIRCLE, MILLSBORO, DE 19966</b>  N/A	<b>RAJ ENTERPRISES, LLC - C&amp;C</b> 228 S BEDFORD ST GEORGETOWN, DE 19947
2.359	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 524 POPLAR ST, SEAFORD, DE 19973</b>  N/A	<b>RANDY WOTHERS</b> 25488 GREEN BRIAR RD SEAFORD, DE 19973

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2.360	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 529 EAST POPLAR STREET, SEAFORD, DE 19973</b>	<b>RANDY WOTHERS 25488 GREEN BRIAR RD SEAFORD, DE 19973</b>
2.361	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 807 S MARKET ST, BLADES, DE 19973</b>	<b>RANDY WOTHERS 25488 GREEN BRIAR RD SEAFORD, DE 19973</b>
2.362	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 823 W NORTH ST APT A, DOVER, DE 19904</b>	<b>RE/MAX HORIZONS 1671 S STATE ST DOVER, DE 19901</b>
2.363	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>MASTER AGREEMENT FOR CORE PROPERTY MANAGEMENT SYSTEM</b>	<b>REALPAGE, INC 2201 LAKESIDE BLVD RICHARDSON, TX 75082</b>
2.364	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 308 GRANT ST, SEAFORD, DE 19973</b>	<b>REALSPRING LLC 11 E MARKET ST, STE 2 GEORGETOWN, DE 19947</b>
2.365	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 607 W 27TH ST, WILMINGTON, DE 19802</b>	<b>REGINA CAMPBELL 2616 W DALI DR MIDDLETOWN, DE 19709</b>

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2.366	State what the contract or lease is for and the nature of the debtor's interest	<b>VENDOR CONTRACTS</b>	RELIAS LEARNING 1010 SYNC ST MORRISVILLE, NC 27560
	State the term remaining List the contract number of any government contract	N/A	
2.367	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER SERVICES AGREEMENT</b>	RELIAS LLC 1010 SYNC ST, STE 100 MORRISVILLE, NC 27560
	State the term remaining List the contract number of any government contract	1656	
2.368	State what the contract or lease is for and the nature of the debtor's interest	<b>MASTER SERVICES AGREEMENT</b>	RELIAS LLC 1010 SYNC ST, STE 100 MORRISVILLE, NC 27560
	State the term remaining List the contract number of any government contract	1656	
2.369	State what the contract or lease is for and the nature of the debtor's interest	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 301 N DUPONT RD APT 5, WILMINGTON, DE 19804</b>	RENTWELL 3203 CONCORD PIKE, STE C WILMINGTON, DE 19803
	State the term remaining List the contract number of any government contract	N/A	
2.370	State what the contract or lease is for and the nature of the debtor's interest	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 1121 W 3RD ST, WILMINGTON, DE 19805</b>	RENTWELL 3203 CONCORD PIKE, STE C WILMINGTON, DE 19803
	State the term remaining List the contract number of any government contract	N/A	
2.371	State what the contract or lease is for and the nature of the debtor's interest	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 131 SCARBOROUGH PARK 31-2, WILMINGTON, DE 19804</b>	REYNOLDS ASSET/MILL CREEK P.O. BOX 684 RIDGEWOOD, NJ 07451
	State the term remaining List the contract number of any government contract	N/A	

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2.372	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 207 HIGH SCHOOL AVE, GEORGETOWN, DE 19947	RICHARD J PARSONS 18220 SCENIC DR REHOBOTH BEACH, DE 19971
2.373	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 567 HOMESTEAD RD 1ST FLR, WILMINGTON, DE 19805	RICHARD L HINDT 2633 DENNY RD BEAR, DE 19701
2.374	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 567 HOMESTEAD RD 2ND FLR, WILMINGTON, DE 19805	RICHARD L HINDT 2633 DENNY RD BEAR, DE 19701
2.375	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 905 MAPLE STREET, WILMINGTON, DE 19805	RICHARD L HINDT 2633 DENNY RD BEAR, DE 19701
2.376	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 1018 READ ST, WILMINGTON, DE 19802	RICHARD L HINDT 2633 DENNY RD BEAR, DE 19701
2.377	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 1000 W NEWPORT PIKE APT 2, NEWPORT, DE 19804	RICHARD TRINCIA 3 MEADOW KNOLL CT BEAR, DE 19701

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2.378	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 125 DELAMORE PLACE 2ND FLR, WILMINGTON, DE 19805</b>	<b>ROBERT BOVELL - LCBC P.O. BOX 2779 WILMINGTON, DE 19805</b>
2.379	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 125 DELAMORE PLACE APT 1, WILMINGTON, DE 19805</b>	<b>ROBERT BOVELL - LCBC P.O. BOX 2779 WILMINGTON, DE 19805</b>
2.380	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 31732 DUNE CIRCLE, LEWES, DE 19958</b>	<b>ROBERT C WOLHAR 18 SHERBORNE RD REHOBOTH, DE 19971</b>
2.381	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 3607 N TATNALL ST, WILMINGTON, DE 19802</b>	<b>ROMEY LEWIS 3602 N WEST ST WILMINGTON, DE 19802</b>
2.382	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 301 WALT MESSICK RD APT D, HARRINGTON, DE 19952</b>	<b>SCHATZ- MESSICK ENTERPRISE 705 ANDREWVILLE RD HARRINGTON, DE 19952</b>
2.383	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 654 BEECHWOOD AVE, MILFORD, DE 19963</b>	<b>SCHATZ- MESSICK ENTERPRISE 705 ANDREWVILLE RD HARRINGTON, DE 19952</b>

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2.384	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 100 GRAYSON COURT APT 5-34, SEAFORD, DE 19973</b>	<b>SEAFORD APARTMENTS 600 GRAYSON CT SEAFORD, DE 19973</b>
2.385	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 106 DEWEY ST APT 606, LAUREL, DE 19956</b>	<b>SEAN STEWARD 20498 SANFILIPPO RD BRIDGEVILLE, DE 19933</b>
2.386	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 2200 N WASHINGTON ST APT 1, WILMINGTON, DE 19802</b>	<b>SHAWN L HARRISON ENT 2644 KIRKWOOD HWY NEWARK, DE 19711</b>
2.387	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 28585 W MEADOWVIEW DR, MILTON, DE 19958</b>	<b>SHEILA PERINI 36213 FIELD LN REHOBOTH BEACH, DE 19971</b>
2.388	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 110 TOWNE ESTATES DR APT D1, WILMINGTON, DE 19805</b>	<b>SHORT SALE , LLC 2126 W NEWPORT PIKE, STE 200 WILMINGTON, DE 19804</b>
2.389	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 110 TOWNE ESTATES DR APT E4, WILMINGTON, DE 19805</b>	<b>SHORT SALE , LLC 2126 W NEWPORT PIKE, STE 200 WILMINGTON, DE 19804</b>

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2.390	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 20 5TH ST, BLADES, DE 19973</b>	<b>SHREENATHGEE LLC 704 N SHORE DR MILFORD, DE 19963</b>
2.391	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>VENDOR CONTRACTS</b>	<b>SMARTDEPLOY 12100 NORTHUP WAY, STE 100 BELLEVUE, WA 98005</b>
2.392	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 529 W 7TH ST, LAUREL, DE 19956</b>	<b>SNEAD PROPERTY MGT P.O. BOX 1676 MILLSBORO, DE 19966</b>
2.393	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 430 WEST ST APT 101, WILMINGTON, DE 19801</b>	<b>STAR PROPERTY - AW PROPERTY 4204 PYLES FORD RD GREENVILLE, DE 19807</b>
2.394	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 2700 LANCASTER AVE APT 1A, WILMINGTON, DE 19805</b>	<b>STAR PROPERTY - NAPS HOMES 4204 PYLES FORD RD GREENVILLE, DE 19807</b>
2.395	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 2700 LANCASTER AVE APT 6, WILMINGTON, DE 19805</b>	<b>STAR PROPERTY - NAPS HOMES 4204 PYLES FORD RD GREENVILLE, DE 19807</b>

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2.396	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>AMENDED CONTRACT</p>	<p>STATE OF DELAWARE THE DEPT OF SERVICES FOR CHILDREN, YOUTH &amp; THEIR FAMILIES 1825 FAULKLAND RD WILMINGTON, DE 19805</p>
	<p>State the term remaining</p> <p>List the contract number of any government contract</p>	134 PHB(CCSP-PSSF)17-14539
2.397	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>AMENDED CONTRACT</p>	<p>STATE OF DELAWARE THE DEPT OF SERVICES FOR CHILDREN, YOUTH &amp; THEIR FAMILIES 1825 FAULKLAND RD WILMINGTON, DE 19805</p>
	<p>State the term remaining</p> <p>List the contract number of any government contract</p>	529 PHB(CONNECT-FBMII)18-14819
2.398	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 12 W 26TH ST 2ND FLR, WILMINGTON, DE 19802</p>	<p>STEPHANIE TARKENTON 602 WIGGINS MILL RD TOWNSEND, DE 19734</p>
	<p>State the term remaining</p> <p>List the contract number of any government contract</p>	N/A
2.399	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 401 W 25TH ST 1ST FLR, WILMINGTON, DE 19802</p>	<p>STEPHANIE TARKENTON 602 WIGGINS MILL RD TOWNSEND, DE 19734</p>
	<p>State the term remaining</p> <p>List the contract number of any government contract</p>	N/A
2.400	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 401 W 25TH ST 2ND FLR, WILMINGTON, DE 19802</p>	<p>STEPHANIE TARKENTON 602 WIGGINS MILL RD TOWNSEND, DE 19734</p>
	<p>State the term remaining</p> <p>List the contract number of any government contract</p>	N/A
2.401	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 2111 N WASHINGTON ST APT 3, WILMINGTON, DE 19801</p>	<p>STEVE EASTBURN 2111 N WASHINGTON ST WILMINGTON, DE 19801</p>
	<p>State the term remaining</p> <p>List the contract number of any government contract</p>	N/A

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2.402	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 701 BENNETT ST, WILMINGTON, DE 19801</b>	<b>STONY HOMES LLC P.O. BOX 463 ODESSA, DE 19730</b>
2.403	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 219 N ARCH STREET, SEAFORD, DE 19973</b>	<b>SUPARNA MEHRA 228 S BEDFORD ST GEORGETOWN, DE 19947</b>
2.404	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 30384 GULL POINT RD, MILLSBORO, DE 19966</b>	<b>TARA PARKHURST 29175 S OAK DR EXT MILLSBORO, DE 19966</b>
2.405	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 2215 WASHINGTON ST APT 2, WILMINGTON, DE 19802</b>	<b>TED KRIKOTOS 18 AUGUSTINE CUTOFF WILMINGTON, DE 19803</b>
2.406	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 14 WAPLES DRIVE, GEORGETOWN, DE 19947</b>	<b>TEJAS SHETH 704 N SHORE DR MILFORD, DE 19963</b>
2.407	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 1109 HOUSTON DRIVE, MILLSBORO, DE 19966</b>	<b>TEJAS SHETH 704 N SHORE DR MILFORD, DE 19963</b>

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2.408	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 318 PYRAMID AVE APT A, CLAYMONT, DE 19703</b>	<b>TELLISTA ENTERPRISES LLC P.O. BOX 372 HOCKESSIN, DE 19707</b>
2.409	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>THE MINISTRY OF CARING INC. - BETHANY HOUSE</b>	<b>THE DELAWARE CONTINUUM OF CARE, HOUSING ALLIANCE DELAWARE 100 W 10TH ST, STE 611 WILMINGTON, DE19894</b>
2.410	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>THE MINISTRY OF CARING INC. - BETHANY HOUSE II</b>	<b>THE DELAWARE CONTINUUM OF CARE, HOUSING ALLIANCE DELAWARE 100 W 10TH ST, STE 611 WILMINGTON, DE19894</b>
2.411	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>HOUSING ALLIANCE DELAWARE, INC. - CEWNTRALIZED INTAKE DELAWARE</b>	<b>THE DELAWARE CONTINUUM OF CARE, HOUSING ALLIANCE DELAWARE 100 W 10TH ST, STE 611 WILMINGTON, DE19894</b>
2.412	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>HOUSING ALLIANCE DELAWARE, INC. - DE-500 COC PLANNING PROJECT APPLICATION 2020</b>	<b>THE DELAWARE CONTINUUM OF CARE, HOUSING ALLIANCE DELAWARE 100 W 10TH ST, STE 611 WILMINGTON, DE19894</b>
2.413	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>HOUSING ALLIANCE DELAWARE, INC. - DELAWARE HMIS</b>	<b>THE DELAWARE CONTINUUM OF CARE, HOUSING ALLIANCE DELAWARE 100 W 10TH ST, STE 611 WILMINGTON, DE19894</b>

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2.414	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	CHILD, INC. - DV SEPECIFIC RAPID REHOUSING  DE0060L3T002001	THE DELAWARE CONTINUUM OF CARE, HOUSING ALLIANCE DELAWARE 100 W 10TH ST, STE 611 WILMINGTON, DE19894
2.415	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	CONNECTIONS COMMUNITY SUPPORT PROGRAMS, INC. - EASY ACCESS  DE0005L3T002013	THE DELAWARE CONTINUUM OF CARE, HOUSING ALLIANCE DELAWARE 100 W 10TH ST, STE 611 WILMINGTON, DE19894
2.416	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	CONNECTIONS COMMUNITY SUPPORT PROGRAMS, INC. - ENTERPRISE  DE0006L3T002013	THE DELAWARE CONTINUUM OF CARE, HOUSING ALLIANCE DELAWARE 100 W 10TH ST, STE 611 WILMINGTON, DE19894
2.417	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	YWCA DELAWARE INC. - HOME-LIFE MANAGEMENT CENTER II  DE0007L3T002013	THE DELAWARE CONTINUUM OF CARE, HOUSING ALLIANCE DELAWARE 100 W 10TH ST, STE 611 WILMINGTON, DE19894
2.418	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	THE MINISTRY OF CARING INC. - HOUSE OF JOSEPH II  DE0003L3T002013	THE DELAWARE CONTINUUM OF CARE, HOUSING ALLIANCE DELAWARE 100 W 10TH ST, STE 611 WILMINGTON, DE19894
2.419	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	THE MINISTRY OF CARING INC. - HOUSE OF JOSEPH RESIDENCE  DE0059L3T002002	THE DELAWARE CONTINUUM OF CARE, HOUSING ALLIANCE DELAWARE 100 W 10TH ST, STE 611 WILMINGTON, DE19894

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2.420	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>CONNECTIONS COMMUNITY SUPPORT PROGRAMS, INC. - JUDY'S HOUSE</b>  <b>WEST END NEIGHBORHOOD HOUSE INC. - LIFE LINE HOUSING PROGRAM</b>  <b>THE MINISTRY OF CARING INC. - MARY MOTHER OF HOPE PERMANENT HOUSING</b>  <b>THE MINISTRY OF CARING INC. - NAZARETH PERMANENT HOUSING</b>  <b>CONNECTIONS COMMUNITY SUPPORT PROGRAMS, INC. - NEW CENTURY</b>  <b>CONNECTIONS COMMUNITY SUPPORT PROGRAMS, INC. - NEW HOPE 2</b>	<p><b>THE DELAWARE CONTINUUM OF CARE, HOUSING ALLIANCE</b>  <b>DELAWARE</b>  <b>100 W 10TH ST, STE 611</b>  <b>WILMINGTON, DE19894</b></p> <p><b>THE DELAWARE CONTINUUM OF CARE, HOUSING ALLIANCE</b>  <b>DELAWARE</b>  <b>100 W 10TH ST, STE 611</b>  <b>WILMINGTON, DE19894</b></p> <p><b>THE DELAWARE CONTINUUM OF CARE, HOUSING ALLIANCE</b>  <b>DELAWARE</b>  <b>100 W 10TH ST, STE 611</b>  <b>WILMINGTON, DE19894</b></p> <p><b>THE DELAWARE CONTINUUM OF CARE, HOUSING ALLIANCE</b>  <b>DELAWARE</b>  <b>100 W 10TH ST, STE 611</b>  <b>WILMINGTON, DE19894</b></p>
2.421	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>WEST END NEIGHBORHOOD HOUSE INC. - LIFE LINE HOUSING PROGRAM</b>  <b>DE0010L3T002013</b>	<p><b>THE DELAWARE CONTINUUM OF CARE, HOUSING ALLIANCE</b>  <b>DELAWARE</b>  <b>100 W 10TH ST, STE 611</b>  <b>WILMINGTON, DE19894</b></p>
2.422	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>THE MINISTRY OF CARING INC. - MARY MOTHER OF HOPE PERMANENT HOUSING</b>  <b>DE0045L3T002005</b>	<p><b>THE DELAWARE CONTINUUM OF CARE, HOUSING ALLIANCE</b>  <b>DELAWARE</b>  <b>100 W 10TH ST, STE 611</b>  <b>WILMINGTON, DE19894</b></p>
2.423	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>THE MINISTRY OF CARING INC. - NAZARETH PERMANENT HOUSING</b>  <b>DE0037L3T002006</b>	<p><b>THE DELAWARE CONTINUUM OF CARE, HOUSING ALLIANCE</b>  <b>DELAWARE</b>  <b>100 W 10TH ST, STE 611</b>  <b>WILMINGTON, DE19894</b></p>
2.424	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>CONNECTIONS COMMUNITY SUPPORT PROGRAMS, INC. - NEW CENTURY</b>  <b>DE0023L3T002010</b>	<p><b>THE DELAWARE CONTINUUM OF CARE, HOUSING ALLIANCE</b>  <b>DELAWARE</b>  <b>100 W 10TH ST, STE 611</b>  <b>WILMINGTON, DE19894</b></p>
2.425	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>CONNECTIONS COMMUNITY SUPPORT PROGRAMS, INC. - NEW HOPE 2</b>  <b>DE004 7L3T002005</b>	<p><b>THE DELAWARE CONTINUUM OF CARE, HOUSING ALLIANCE</b>  <b>DELAWARE</b>  <b>100 W 10TH ST, STE 611</b>  <b>WILMINGTON, DE19894</b></p>

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2.426	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>CONNECTIONS COMMUNITY SUPPORT PROGRAMS, INC. - NEXT STEP</b>  <b>DE0013L3T002013</b>	<b>THE DELAWARE CONTINUUM OF CARE, HOUSING ALLIANCE</b> <b>DELAWARE</b> <b>100 W 10TH ST, STE 611</b> <b>WILMINGTON, DE19894</b>
2.427	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>CONNECTIONS COMMUNITY SUPPORT PROGRAMS, INC. - NEXT STEP 2</b>  <b>DE0022L3T002010</b>	<b>THE DELAWARE CONTINUUM OF CARE, HOUSING ALLIANCE</b> <b>DELAWARE</b> <b>100 W 10TH ST, STE 611</b> <b>WILMINGTON, DE19894</b>
2.428	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>CONNECTIONS COMMUNITY SUPPORT PROGRAMS, INC. - NEXT STEP 3</b>  <b>DE0024L3T002009</b>	<b>THE DELAWARE CONTINUUM OF CARE, HOUSING ALLIANCE</b> <b>DELAWARE</b> <b>100 W 10TH ST, STE 611</b> <b>WILMINGTON, DE19894</b>
2.429	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>CONNECTIONS COMMUNITY SUPPORT PROGRAMS, INC. - NEXT STEP 4</b>  <b>DE0030L3T002009</b>	<b>THE DELAWARE CONTINUUM OF CARE, HOUSING ALLIANCE</b> <b>DELAWARE</b> <b>100 W 10TH ST, STE 611</b> <b>WILMINGTON, DE19894</b>
2.430	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>FAMILY PROMISE OF NORTHERN NEW CASTLE COUNTY, INC. - PATHWAY TO HOUSING</b>  <b>DE0062L3T002001</b>	<b>THE DELAWARE CONTINUUM OF CARE, HOUSING ALLIANCE</b> <b>DELAWARE</b> <b>100 W 10TH ST, STE 611</b> <b>WILMINGTON, DE19894</b>
2.431	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>CONNECTIONS COMMUNITY SUPPORT PROGRAMS, INC. - PH FOR 20 CONSOLIDATED</b>  <b>DE0014L3T002013</b>	<b>THE DELAWARE CONTINUUM OF CARE, HOUSING ALLIANCE</b> <b>DELAWARE</b> <b>100 W 10TH ST, STE 611</b> <b>WILMINGTON, DE19894</b>

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2.432	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>CONNECTIONS COMMUNITY SUPPORT PROGRAMS, INC. - POSITIVE PROGRESS</b>  <b>DE0050L3T002004</b>	<b>THE DELAWARE CONTINUUM OF CARE, HOUSING ALLIANCE</b> <b>DELAWARE</b> <b>100 W 10TH ST, STE 611</b> <b>WILMINGTON, DE19894</b>
2.433	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>THE MINISTRY OF CARING INC. - RAPID REHOUSING CONSOLIDATED</b>  <b>DE0036L3T002006</b>	<b>THE DELAWARE CONTINUUM OF CARE, HOUSING ALLIANCE</b> <b>DELAWARE</b> <b>100 W 10TH ST, STE 611</b> <b>WILMINGTON, DE19894</b>
2.434	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>THE MINISTRY OF CARING INC. - ST. FRANCIS TRANSITIONAL RESIDENCE</b>  <b>DE0018L3T002013</b>	<b>THE DELAWARE CONTINUUM OF CARE, HOUSING ALLIANCE</b> <b>DELAWARE</b> <b>100 W 10TH ST, STE 611</b> <b>WILMINGTON, DE19894</b>
2.435	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>FAMILY PROMISE OF NORTHERN NEW CASTLE COUNTY, INC. - TRANSITION-RAPID REHOUSING 2019 RENEWAL</b>  <b>DE0055L3T002003</b>	<b>THE DELAWARE CONTINUUM OF CARE, HOUSING ALLIANCE</b> <b>DELAWARE</b> <b>100 W 10TH ST, STE 611</b> <b>WILMINGTON, DE19894</b>
2.436	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>YWCA DELAWARE INC. - YMCW RAPID REHOUSING PROJECT</b>  <b>DE0054L3T002003</b>	<b>THE DELAWARE CONTINUUM OF CARE, HOUSING ALLIANCE</b> <b>DELAWARE</b> <b>100 W 10TH ST, STE 611</b> <b>WILMINGTON, DE19894</b>
2.437	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>ITEMS OR SERVICES DELIVERED TO DELAWARE MEDICAL ASSISTANCE PROGRAM ELIGIBLE - CARDINAL</b>  <b>N/A</b>	<b>THE DEPT OF HEALTH &amp; SOCIAL SERVICES</b> <b>511 W 8TH ST</b> <b>WILMINGTON, DE 19801</b>

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2.438	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>ITEMS OR SERVICES DELIVERED TO DELAWARE MEDICAL ASSISTANCE PROGRAM ELIGIBLE - CONNECTIONS</b> Indefinite until terminated N/A	<b>THE DEPT OF HEALTH &amp; SOCIAL SERVICES</b> 511 W 8TH ST WILMINGTON, DE 19801
2.439	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>ITEMS OR SERVICES DELIVERED TO DELAWARE MEDICAL ASSISTANCE PROGRAM ELIGIBLE</b> Indefinite until terminated N/A	<b>THE DEPT OF HEALTH &amp; SOCIAL SERVICES</b> 511 W 8TH ST WILMINGTON, DE 19801
2.440	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>ITEMS OR SERVICES DELIVERED TO DELAWARE MEDICAL ASSISTANCE PROGRAM ELIGIBLE</b> Indefinite until terminated N/A	<b>THE DEPT OF HEALTH &amp; SOCIAL SERVICES</b> 511 W 8TH ST WILMINGTON, DE 19801
2.441	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>ITEMS OR SERVICES DELIVERED TO DELAWARE MEDICAL ASSISTANCE PROGRAM ELIGIBLE - FAMILY PRACTICE</b> Indefinite until terminated N/A	<b>THE DEPT OF HEALTH &amp; SOCIAL SERVICES</b> 511 W 8TH ST WILMINGTON, DE 19801
2.442	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>ITEMS OR SERVICES DELIVERED TO DELAWARE MEDICAL ASSISTANCE PROGRAM ELIGIBLE - GORDY</b> Indefinite until terminated N/A	<b>THE DEPT OF HEALTH &amp; SOCIAL SERVICES</b> 511 W 8TH ST WILMINGTON, DE 19801
2.443	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>ITEMS OR SERVICES DELIVERED TO DELAWARE MEDICAL ASSISTANCE PROGRAM ELIGIBLE - ACT 1</b> Indefinite until terminated N/A	<b>THE DEPT OF HEALTH &amp; SOCIAL SERVICES</b> 511 W 8TH ST WILMINGTON, DE 19801

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2.444	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>ITEMS OR SERVICES DELIVERED TO DELAWARE MEDICAL ASSISTANCE PROGRAM ELIGIBLE - ACT 2</b> Indefinite until terminated N/A	<b>THE DEPT OF HEALTH &amp; SOCIAL SERVICES</b> 511 W 8TH ST WILMINGTON, DE 19801
2.445	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>ITEMS OR SERVICES DELIVERED TO DELAWARE MEDICAL ASSISTANCE PROGRAM ELIGIBLE - ACT 3</b> Indefinite until terminated N/A	<b>THE DEPT OF HEALTH &amp; SOCIAL SERVICES</b> 511 W 8TH ST WILMINGTON, DE 19801
2.446	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>ITEMS OR SERVICES DELIVERED TO DELAWARE MEDICAL ASSISTANCE PROGRAM ELIGIBLE - ACT DOVER</b> Indefinite until terminated N/A	<b>THE DEPT OF HEALTH &amp; SOCIAL SERVICES</b> 511 W 8TH ST WILMINGTON, DE 19801
2.447	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>ITEMS OR SERVICES DELIVERED TO DELAWARE MEDICAL ASSISTANCE PROGRAM ELIGIBLE - BLACKBIRD</b> Indefinite until terminated N/A	<b>THE DEPT OF HEALTH &amp; SOCIAL SERVICES</b> 511 W 8TH ST WILMINGTON, DE 19801
2.448	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>TITLE X FAMILY PLANNING SERVICES CONTRACT</b> Indefinite until terminated N/A	<b>THE DEPT OF HEALTH &amp; SOCIAL SERVICES</b> STATE OF DELAWARE & COMMUNITY SUPPORT PROGRAMS, INC 511 W 8TH ST WILMINGTON, DE 19801
2.449	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>DELAWARE MEDICAL ASSISTANCE PROGRAM ELIGIBLE - ACT 4</b> 254 days 1962950881	<b>THE DEPT OF HEALTH &amp; SOCIAL SERVICES</b> 1302 DRUMMOND PLZ NEWARK, DE 19711

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2.450	State what the contract or lease is for and the nature of the debtor's interest	DELAWARE MEDICAL ASSISTANCE PROGRAM ELIGIBLE - ACT 5	THE DEPT OF HEALTH & SOCIAL SERVICES 1302 DRUMMOND PLZ NEWARK, DE 19711
	State the term remaining List the contract number of any government contract	301 days 1962950881	
2.451	State what the contract or lease is for and the nature of the debtor's interest	PROFESSIONAL SERVICES AGREEMENT	THE DIVISION OF PUBLIC HEALTH DELAWARE DEPT OF HEALTH & SOCIAL SERVICES 511 W 8TH ST WILMINGTON, DE 19801
	State the term remaining List the contract number of any government contract	0 N/A	
2.452	State what the contract or lease is for and the nature of the debtor's interest	PROFESSIONAL SERVICES AGREEMENT	THE DIVISION OF SUBSTANCE ABUSE & MENTAL HEALTH DELAWARE DEPT OF SOCIAL SERVICES 511 W 8TH ST WILMINGTON, DE 19801
	State the term remaining List the contract number of any government contract	72 FY21-SF-CCSP-GH	
2.453	State what the contract or lease is for and the nature of the debtor's interest	PROFESSIONAL SERVICES AGREEMENT	THE DIVISION OF SUBSTANCE ABUSE & MENTAL HEALTH DELAWARE DEPT OF SOCIAL SERVICES 511 W 8TH ST WILMINGTON, DE 19801
	State the term remaining List the contract number of any government contract	103 FY21-HSS-15-016-CCSP	
2.454	State what the contract or lease is for and the nature of the debtor's interest	PROFESSIONAL SERVICES AGREEMENT	THE DIVISION OF SUBSTANCE ABUSE & MENTAL HEALTH DELAWARE DEPT OF SOCIAL SERVICES 511 W 8TH ST WILMINGTON, DE 19801
	State the term remaining List the contract number of any government contract	72 FY21-HSS-15-043-CCSP	
2.455	State what the contract or lease is for and the nature of the debtor's interest	PROFESSIONAL SERVICES AGREEMENT	THE DIVISION OF SUBSTANCE ABUSE & MENTAL HEALTH 511 W 8TH ST WILMINGTON, DE 19801
	State the term remaining List the contract number of any government contract	164 FY21-HSS-19-050-DUI-CCSP	

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2.456	State what the contract or lease is for and the nature of the debtor's interest	LEASE	THE ELMS LLC 1504 N BROOM ST, STE 3 WILMINGTON, DE 19805
	State the term remaining List the contract number of any government contract		
2.457	State what the contract or lease is for and the nature of the debtor's interest	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 208 FRONT ST APT A, SEAFORD, DE 19973	THE FLORES RENTALS ATTN: TOM P.O. BOX 1533 SEAFORD, DE 19973
	State the term remaining List the contract number of any government contract	N/A	
2.458	State what the contract or lease is for and the nature of the debtor's interest	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 9 PAR HAVEN DR APT C31, DOVER, DE 19901	THE PARKER GROUP 673 NORTH BEDFORD ST GEORGETOWN, DE 19946
	State the term remaining List the contract number of any government contract	N/A	
2.459	State what the contract or lease is for and the nature of the debtor's interest	2020 TRANSFORMATION TRANSFER INITIATIVE (TTI)	THE STATE OF DELAWARE, DELAWARE HEALTH & SOCIAL SERVICES DIVISION OF SUBSTANCE ABUSE & MENTAL HEALTH 511 W 8TH ST WILMINGTON, DE 19801
	State the term remaining List the contract number of any government contract	225 N/A	
2.460	State what the contract or lease is for and the nature of the debtor's interest	HIPAA BUSINESS ASSOCIATE AGREEMENT	THE STATE OF DELAWARE, DEPT OF HEALTH & SOCIAL SERVICES DIVISION OF SUBSTANCE ABUSE & MENTAL HEALTH 511 W 8TH ST WILMINGTON, DE 19801
	State the term remaining List the contract number of any government contract	Indefinite until terminated N/A	
2.461	State what the contract or lease is for and the nature of the debtor's interest	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 31 VILLAS DRIVE APT 1, NEW CASTLE, DE 19720	THE VILLAS ASSOCIATES LP 21 VILLAS DR, STE 8 NEW CASTLE, DE 19720
	State the term remaining List the contract number of any government contract	N/A	

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2.462	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 31 VILLAS DRIVE APT 8, NEW CASTLE, DE 19720</b>	<b>THE VILLAS ASSOCIATES LP 21 VILLAS DR, STE 8 NEW CASTLE, DE 19720</b>
2.463	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 91 VILLAS DRIVE APT 7, NEW CASTLE, DE 19720</b>	<b>THE VILLAS ASSOCIATES LP 21 VILLAS DR, STE 8 NEW CASTLE, DE 19720</b>
2.464	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 121 VILLAS DRIVE APT 5, NEW CASTLE, DE 19720</b>	<b>THE VILLAS ASSOCIATES LP 21 VILLAS DR, STE 8 NEW CASTLE, DE 19720</b>
2.465	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 131 VILLAS DRIVE APT 3, NEW CASTLE, DE 19720</b>	<b>THE VILLAS ASSOCIATES LP 21 VILLAS DR, STE 8 NEW CASTLE, DE 19720</b>
2.466	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 191 VILLAS DRIVE APT 1, NEW CASTLE, DE 19720</b>	<b>THE VILLAS ASSOCIATES LP 21 VILLAS DR, STE 8 NEW CASTLE, DE 19720</b>
2.467	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 109 N BROOM ST APT 1, WILMINGTON, DE 19805</b>	<b>THOMAS W RILEY - ELM 813 STATLER RD CHADDS FORD, PA 19317</b>

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2.468	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 16 PARKER CIRCLE APT 3, MILLSBORO, DE 19966</b>	<b>TM ASSOCIATES MGT 1375 PICCARD DR, STE 150 ROCKVILLE, MD 20850</b>
2.469	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>340B PROGRAM THIRD PARTY ADMINISTRATOR SERVICE AGREEMENT</b>	<b>TRIAD HEALTH LLC 42 BROADWAY, STE 1815 NEW YORK, NY 10004</b>
2.470	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 15 S WEST ST, CAMDEN, DE 19934</b>	<b>TRICOUNTY PROPERTY MGT 1198 S GOVERNORS, STE 101 DOVER, DE 19904</b>
2.471	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 27 MEDAL WAY, MAGNOLIA, DE 19962</b>	<b>TRICOUNTY PROPERTY MGT 1198 S GOVERNORS, STE 101 DOVER, DE 19904</b>
2.472	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 356 PARADEE DRIVE, DOVER, DE 19901</b>	<b>TRICOUNTY PROPERTY MGT 1198 S GOVERNORS, STE 101 DOVER, DE 19904</b>
2.473	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 1926 W 5TH ST APT 2, WILMINGTON, DE 19805</b>	<b>TROLLEY SQUARE - TWO STONES P.O. BOX 3516 WILMINGTON, DE 19807</b>

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

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2.474	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 17 SUNNY BEND AVE, NEWARK, DE 19702</b>  <b>N/A</b>	<b>TROSS ASSOCIATES</b> P.O. BOX 2402 BOOTHWYN, PA 19061
2.475	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>CONTINUUM OF CARE PROGRAM GRANT AGREEMENT</b>  <b>103</b>  DE0001L3T001909	<b>US DEPT OF HOUSING &amp; URBAN DEVELOPMENT</b> OFFICE OF COMMUNITY PLANNING & DEVELOPMENT 100 PENN SQUARE, E PHILADELPHIA, PA 19107
2.476	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>CONTINUUM OF CARE PROGRAM GRANT AGREEMENT</b>  <b>42</b>  DE0005L3T001912	<b>US DEPT OF HOUSING &amp; URBAN DEVELOPMENT</b> OFFICE OF COMMUNITY PLANNING & DEVELOPMENT 100 PENN SQUARE, E PHILADELPHIA, PA 19107
2.477	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>CONTINUUM OF CARE PROGRAM GRANT AGREEMENT</b>  <b>195</b>  DE0023L3T001909	<b>US DEPT OF HOUSING &amp; URBAN DEVELOPMENT</b> OFFICE OF COMMUNITY PLANNING & DEVELOPMENT 100 PENN SQUARE, E PHILADELPHIA, PA 19107
2.478	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>CONTINUUM OF CARE PROGRAM GRANT AGREEMENT</b>  <b>72</b>  DE0013L3T001912	<b>US DEPT OF HOUSING &amp; URBAN DEVELOPMENT</b> OFFICE OF COMMUNITY PLANNING & DEVELOPMENT 100 PENN SQUARE, E PHILADELPHIA, PA 19107
2.479	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>CONTINUUM OF CARE PROGRAM GRANT AGREEMENT</b>  <b>195</b>  DE0024L3T001908	<b>US DEPT OF HOUSING &amp; URBAN DEVELOPMENT</b> OFFICE OF COMMUNITY PLANNING & DEVELOPMENT 100 PENN SQUARE, E PHILADELPHIA, PA 19107

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

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2.480	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>CONTINUUM OF CARE PROGRAM GRANT AGREEMENT</b>  72  DE0030L3T001908	US DEPT OF HOUSING & URBAN DEVELOPMENT OFFICE OF COMMUNITY PLANNING & DEVELOPMENT 100 PENN SQUARE, E PHILADELPHIA, PA 19107
2.481	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>CONTINUUM OF CARE PROGRAM GRANT AGREEMENT</b>  677  DEH190012	US DEPT OF HOUSING & URBAN DEVELOPMENT OFFICE OF COMMUNITY PLANNING & DEVELOPMENT 100 PENN SQUARE, E PHILADELPHIA, PA 19107
2.482	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>SUPPORTIVE SERVICES FOR VETERAN FAMILIES GRANT AGREEMENT</b>  894  13-DE-095	US DEPT OF VETERANS AFFAIRS 5000 WISSAHICKON AVE PHILADELPHIA, PA 19144
2.483	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 7507 RODIN COURT, NEWARK, DE 19702</b>  N/A	VILLAGE OF CANTERBURY APTS 9000 REMBRANDT CIR NEWARK, DE 19702
2.484	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 1104 VININGS WAY APT 1104, CHRISTIANA, DE 19702</b>  N/A	VININGS AT CHRISTIANA 200 VININGS WAY NEWARK, DE 19702
2.485	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>SERVICE AGREEMENT</b>  0 (Can renew for 1 additional year)  N/A	VISIONARY EDUCATION & TRAINING SOLUTIONS, LLC 811 BRANDYWINE BLVD WILMINGTON, DE 19809

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

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2.486	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>OPIOD PRODUCT SALES AGREEMENT</b>  Indefinite until terminated (90-day notice)  N/A	VISTAPHARM, INC 7265 ULMERTON RD LARGO, FL 33771
2.487	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 359</b> NIMITZ ROAD, DOVER, DE 19901	WAYNE HYLTON 390 NIMITZ RD DOVER, DE 01990
2.488	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>BUSINESS ASSOCIATE CONTRACT</b>	WEINER BENEFITS GROUP LLC 2961 CENTERVILLE RD, STE 300 WILMINGTON, DE 19808
2.489	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 221</b> COMMERCE ST, HARRINGTON, DE 19952	WELCOME HOME REALTY 4164 N DUPONT HWY, STE 9 DOVER, DE 19901
2.490	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 511</b> WEST 9TH ST APT 1, WILMINGTON, DE 19801	WEST NINTH STREET LLC P.O. BOX 17119 CHAPEL HILL, NC 27516
2.491	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 511</b> WEST 9TH ST APT 2, WILMINGTON, DE 19801	WEST NINTH STREET LLC P.O. BOX 17119 CHAPEL HILL, NC 27516

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

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2.492	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 511 WEST 9TH ST APT 3, WILMINGTON, DE 19801</b>	<b>WEST NINTH STREET LLC P.O. BOX 17119 CHAPEL HILL, NC 27516</b>
2.493	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 511 WEST 9TH ST APT 4, WILMINGTON, DE 19801</b>	<b>WEST NINTH STREET LLC P.O. BOX 17119 CHAPEL HILL, NC 27516</b>
2.494	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 511 WEST 9TH ST APT 5, WILMINGTON, DE 19801</b>	<b>WEST NINTH STREET LLC P.O. BOX 17119 CHAPEL HILL, NC 27516</b>
2.495	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 511 WEST 9TH ST APT 6, WILMINGTON, DE 19801</b>	<b>WEST NINTH STREET LLC P.O. BOX 17119 CHAPEL HILL, NC 27516</b>
2.496	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 37176 BURTON AVE, REHOBOTH BEACH, DE 19971</b>	<b>WEST REHOBOTH CLT/SOLUTIONS P.O. BOX 594 BETHANY BEACH, DE 19930</b>
2.497	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 28420 DELAWARE AVENUE APT 4, MILLSBORO, DE 19966</b>	<b>WILGUS ASSOCIATES INC 32904 COASTAL HWY BETHANY BEACH, DE 19930</b>

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

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2.498	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 14 BRISTOL WAY, NEW CASTLE, DE 19720	WILLIAM CHILSON P.O. BOX 595 MIDDLETOWN, DE 19709
2.499	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 20 WINDMILL LANE APT 26, NEW CASTLE, DE 19720	WILLIAM PENN APT ASSOC LLC 595 TULIP LN NEW CASTLE, DE 19720
2.500	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 29 HOLLAND CIRCLE APT 34, NEW CASTLE, DE 19720	WILLIAM PENN APT ASSOC LLC 595 TULIP LN NEW CASTLE, DE 19720
2.501	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 119 S BRADFORD ST APT A, DOVER, DE 19901	WILLIAM/ROSE MARIE WRIGHT 213 QUEEN ANNE CLUB DR STEVERSVILLE, MD 21666
2.502	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 701 BLAIR COURT, NEW CASTLE, DE 19720	WILLOW CHASE 500 BLAIR CT WILMINGTON, DE 19805
2.503	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	LEASED PROPERTIES FOR CLIENTS/PATIENTS - 25 CORBIN COURT APT 2, WILMINGTON, DE 19805	WOODING RE - WEATHERVANE 4023 KENNEDY PIKE, STE 285 GREENVILLE, DE 19807

Debtor Name **Connections Community Support Programs, Inc.**Case number (if known): **21-10723****Additional Page(s) if Debtor has More Executory Contracts or Unexpired Leases**

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2.504	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 618 ILSE DR APT A, NEWARK, DE 19713</b>	<b>WOODING REAL ESTATE GROUP 713 GREENBANK RD WILMINGTON, DE 19808</b>
2.505	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 618 ILSE DR APT B, NEWARK, DE 19713</b>	<b>WOODING REAL ESTATE GROUP 713 GREENBANK RD WILMINGTON, DE 19808</b>
2.506	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 31 MAPLE WOOD DR, LEWES, DE 19958</b>	<b>WRIGHT LOCATIONS, INC 2 BRIDLE RIDGE CIR LEWES, DE 19958</b>
2.507	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 107 SANDRIDGE COURT, MILLSBORO, DE 19966</b>	<b>WRIGHT LOCATIONS, INC 2 BRIDLE RIDGE CIR LEWES, DE 19958</b>
2.508	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 118 S PORTER ST APT B, SEAFORD, DE 19973</b>	<b>WRIGHT LOCATIONS, INC 2 BRIDLE RIDGE CIR LEWES, DE 19958</b>
2.509	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 226 N PORTER ST, SEAFORD, DE 19973</b>	<b>WRIGHT LOCATIONS, INC 2 BRIDLE RIDGE CIR LEWES, DE 19958</b>

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2.510	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 803</b> <b>CYPRESS DRIVE, SEAFORD, DE 19973</b>	<b>WRIGHT LOCATIONS, INC</b> <b>2 BRIDLE RIDGE CIR</b> <b>LEWES, DE 19958</b>
2.511	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining List the contract number of any government contract</p>	<b>LEASED PROPERTIES FOR CLIENTS/PATIENTS - 607</b> <b>W 4TH ST APT B, WILMINGTON, DE 19801</b>	<b>YOUNG REALTY GROUP LLC</b> <b>P.O. BOX 7549</b> <b>WILMINGTON, DE 19803</b>

Debtor Name **Connections Community Support Programs, Inc.****United States Bankruptcy Court for the District of Delaware**Case number (if known): **21-10723**
 Check if this is an amended filing
**Official Form 206H****Schedule H: Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

**1. Does the debtor have any codebtors?**

- No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.  
 Yes.

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G.** Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

**Column 1: Codebtor****Column 2: Creditor**

Name	Mailing Address	Name	Check all schedules that apply
------	-----------------	------	--------------------------------

**NONE**

**Debtor Name** Connections Community Support Programs, Inc.

**United States Bankruptcy Court for the District of Delaware**

**Case Number:** 21-10723

## Official Form 202

### **Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING - Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. 152, 1341, 1519, and 3571.**

#### **Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets- Real and Personal Property* (Official Form 206 A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206 D)
- Schedule E/F: Creditors Who Have Claims Unsecured Claims* (Official Form 206 E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206 G)
- Schedule H: Codebtors* (Official Form 206 H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration*

I, the Chief Restructuring Officer of the Connections Community Support Programs, Inc., declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 232 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Executed on: 5/26/2021  
MM / DD / YYYY

Signature \_\_\_\_\_ /s/ Robert Katz

\_\_\_\_\_  
Robert Katz

Printed Name \_\_\_\_\_

\_\_\_\_\_  
Chief Restructuring Officer  
Title